PROCEEDINGS

OF THE

SIXTY-SEVENTH ANNUAL CONVENTION

OF THE

Conn. Medical Society,

HELD AT

MIDDLETOWN, MAY 25th & 26th, 1859.

HARTFORD:

PRESS OF CASE, LOCKWOOD AND COMPANY.

1859.

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Officers of the Society

FOR 1859-60.

PRESIDENT.

ASHBEL WOODWARD, M. D., OF FRANKLIN.

VICE-PRESIDENT.

JOSIAH G. BECKWITH, M. D., OF LITCHFIELD.

TREASURER.

GEORGE O. SUMNER, M. D., OF NEW HAVEN.

SECRETARY.

PANET M. HASTINGS, M. D., OF HARTFORD.

Standing Committees.

Committee on Examination.

ASHBEL WOODWARD, M. D., *ex officio.*
JAMES WELCH, M. D.
ELISHA B. NYE, M. D.
TIMOTHY DIMOCK, M. D.
A. T. DOUGLASS, M. D.
S. B. BERESFORD, M. D.

Committee to nominate Physician to Retreat for the Insane.

GEORGE BLACKMAN, M. D.
B. B. NORTH, M. D.
WM. WOODBRIDGE, M. D.
G. B. HAWLEY, M. D.
LEWIS WILLIAMS, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

RUFUS BLAKEMAN, M. D.
WILLIAM WOODRUFF, M. D.
JOHN B. LEWIS, M. D.
ALBERT MORRISON, M. D.
BENJ. H. CATLIN, M. D.

Committee on Registration.

S. G. HUBBARD, M. D.
GURDON W. RUSSELL, M. D.
BENJ. H. CATLIN, M. D.

Committee on Publication.

P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.
P. G. ROCKWELL, M. D.
G. B. HAWLEY, M. D.
J. B. LEWIS, M. D.

PROCEEDINGS.

THE ANNUAL CONVENTION of the President and Fellows of the Connecticut Medical Society, was held in the city of Middletown, May 25th and 26th, 1859.

The President, Ashbel Woodward, M. D., called the Convention to order at 11 o'clock, A. M.

Prayer was offered by the Rev. Mr. Dudley, of Middletown.

The Secretary having read a list of Fellows returned by the Clerks of the several Counties, the following gentlemen were appointed a Committee on Credentials, viz.:

Drs. S. T. Salisbury, H. W. E. Matthews, and Wm. A. Lewis.

The following list of Fellows for the present year was reported by Dr. Salisbury, Chairman of the Committee, viz.:

FELLOWS.

HARTFORD COUNTY.

S. B. Beresford, M. D.
G. B. Hawley, M. D.
C. E. Hammond, M. D.
A. Morrison, M. D.
Sidney Rockwell, M. D.

NEW LONDON COUNTY.

*E Bentley, M. D.
*A. W. Coats, M. D.
A. T. Douglas, M. D.
*Wm. Hyde, Jr., M. D.
E. Phinney, M. D.

FAIRFIELD COUNTY.

Justus Sherwood, M. D.
A. L. Williams, M. D.
D. H. Nash, M. D.
*E. P. Bennett, M. D.
*M. B. Pardee, M. D.

* Absent.

MIDDLESEX COUNTY.

Elisha B. Nye, M. D.
Edwin Bidwell, M. D.
A. B. Worthington, M. D.

NEW HAVEN COUNTY.

J. Knight, M. D.
A. C. Woodward, M. D.
C. Hooker, M. D.
H. W. E. Matthews, M. D.
H. W. Painter, M. D.

WINDHAM COUNTY.

Samuel Hutchins, M. D.
Lewis Williams, M. D.
Justin Hammond, M. D.
Wm. A. Lewis, M. D.
*Lowell Holbrook, M. D.

LITCHFIELD COUNTY.

Samuel T. Salisbury, M. D.
George Seymour, M. D.
John H. Welch, M. D.
*G. B. Miller, M. D.
Benjamin Welch, M. D.

TOLLAND COUNTY.

Charles F. Sumner, M. D.
O. B. Griggs, M. D.
John B. Lewis, M. D.

On motion, the Address of the President and the Dissertation were deferred until the Evening Session.

The President appointed Drs. S. B. Beresford, George Seymour, and Lewis Williams, a Committee on the Unfinished Business of the last year.

The Secretary reported the following communications received, viz.:—

The papers relating to the action of the Hartford County Medical Meeting, in the case of Dr. J. S. Curtiss.

A series of Resolutions on Anesthesia, from the Hartford Medical Society, referred to a Special Committee, consisting of Drs. C. Hooker, Benj. Welch and O. B. Griggs.

A communication relating to the recommendation of the Directors of the State Prison, abolishing the Insane Department of the prison, referred to a Special Committee, viz.:

Drs. Beckwith, Hawley and Hunt.

The report of the Treasurer was then read and referred to a Committee for examination, viz.:

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* Absent.

Drs. Rockwell, Painter, Phinney, Miller, Bidwell, Holbrook and C. F. Sumner.

The Committee on Debentures was appointed as follows, viz.:

Drs. Nye, Hutchins and A. C. Woodward.

The Committee on Examinations were filled by ballot as follows, viz.:

Elisha B. Nye, M. D., vice Wm. B. Carey, M. D., removed.
A. T. Douglass, M. D.
S. B. Beresford, M. D.

Committee to nominate Physician to Retreat for the Insane:

G. B. Hawley, M. D.
Lewis Williams, M. D.

Committee to nominate Professors in Medical Institution of Yale College:

Albert Morrison, M. D.
Benj. H. Catlin, M. D.

The President appointed Benj. H. Catlin, M. D., to fill the vacancy in Committee on Registration; and

G. B. Hawley, M. D. and J. B. Lewis, M. D., to fill vacancies in Committee on Publication.

The President appointed the following Committees, viz.:

Committee to nominate Delegates to American Medical Association for 1860—Drs. Hooker, Morrison, Phinney, Pardee, Bidwell, W. A. Lewis, Salisbury, C. F. Sumner.

Committee on Gratuitous Course of Lectures—Drs. Douglass, Hammond, Matthews, W. A. Lewis, Bennett, J. H. Welch, Worthington, Griggs.

Committee on Honorary Members and Honorary Degrees—Drs. Benjamin Welch, Douglas, J. B. Lewis, A. C. Woodward, Sidney Rockwell, Hutchins, Williams and Worthington.

Committee to nominate Dissertator and Alternate—Drs. Knight, C. E. Hammond, Phinney, J. Hammond, Salisbury, Griggs, Nye and Sherwood.

Dr. C. Hooker, Chairman,

Recommended the following gentlemen as Delegates to the American Medical Association for 1860, viz.:

Ashbel Woodward, M. D.
J. G. Beckwith, M. D.
George O. Sumner, M. D.
P. M. Hastings, M. D.

Adopted.

Dr. A. T. Douglass, Chairman,

Recommended Elmore C. Hine, of Plymouth, for a gratuitous course of lectures at the Medical Institution of Yale College; reporting further, that the other candidates recommended by the several County Meetings were found ineligible.

Report adopted.

Dr. Knight, Chairman, recommended for

Dissertator—A. B. Haile, M. D.

Alternate—J. B. Lewis, M. D.

Dr. Beresford, Chairman,

Reported that the Committee on Unfinished Business of the last Convention, found none which they deemed worthy of attention at the present time.

Report accepted.

No report from Committee on Examination had been prepared.

Dr. Rockwell, Chairman of Committee to audit accounts of Treasurer, reported that they had found the accounts correct. Report of the Treasurer was then accepted.

The following summary of accounts was presented by Dr. G. O. Sumner, Treasurer, for publication, viz:

General Summary.

Cash in the Treasury, - - - -		$87.95
Due from Clerks of Counties, - -	$1,098.63	
Deduct half of this for Bad Debts, Abatements,		
Commissions, &c., - - -	549.31½	
Leaves - - - -		549.31½
Total of Cash and due from Clerks, -		$637.26½
The Society owes for Debentures outstanding,		462.50
Leaves Balance in favor of the Society, -		$174.76½

New Haven, May 24th, 1859.

GEO. O. SUMNER, M. D., *Treasurer.*

Dr. Knight stated that the American Medical Association, at their recent meeting in Louisville, Ky., had decided to accept the invitation of the New Haven Medical Society, and would hold their next annual meeting in New Haven.

Dr. Beckwith offered the following resolutions, which were unanimously adopted, viz.:

Resolved, That we are highly gratified with the announcement that the American Medical Association are to honor our State with its annual meeting in June, 1860.

Resolved, That in accordance with the resolution adopted by us in Convention of May, 1857, we will cheerfully unite with the physicians in New Haven, in giving a cordial welcome to our brethren of the National Association.

Resolved, That for this purpose a committee of three from each county be appointed by the Fellows from the several counties, to co-operate with the Committee of Arrangements at New Haven.

On motion, the Convention adjourned to accept an invitation from the Middletown Medical Society, to visit the Portland Quarries.

Evening Session, 8 *o'clock.*

Dr. C. Hooker, Chairman of Select Committee, reported that they had examined the papers submitted by the Hartford County Medical Society relative to Dr. J. S. Curtiss, and found them correct and in accordance with the By-Laws of this Society, and would submit the following resolution, viz:

Resolved, That the action of the Hartford County Meeting in relation to Dr. J. S. Curtiss, has been in accordance with the By-Laws of the Society, and that the expulsion of said Curtiss is hereby confirmed.

Report accepted and report adopted unanimously.

A Dissertation was then read by Rufus Baker, M. D., of Deep River.

The address by Ashbel Woodward, M. D., President, was read.

Dr. C. Hooker offered a vote of thanks for the able and interesting address of the President, with a request that a copy be furnished for publication with the proceedings of this Convention.

A vote of thanks to the Dissertator, and a request that a copy of the dissertation should be furnished for publication, was also passed.

Dr. G. O. Sumner moved that three delegates be appointed by this Society to attend the Convention called to revise the Pharmacopeia of the United States.

Adopted.

The nomination of the delegation was referred to the Committee on Honorary Degrees and Honorary Membership.

Dr. J. B. Lewis moved that so much of the President's address as relates to the advantages to be derived by the Society from the estab-

lishment of a periodical Magazine, be referred to the Standing Committee on Publication, to be reported upon at the next Convention.

Adopted.

Dr. Burke, on behalf of the Physicians and Citizens of Middletown, invited the members of the Convention to partake of an entertainment provided at the McDonough House.

On motion, the invitation was accepted, and the Convention adjourned to 7½ o'clock, A. M., to-morrow.

Thursday, 7½ o'clock, A. M.

Called to order.

Dr. Benj. Welch, Chairman, reported the names of S. D. Willard, M. D., of Albany, N. Y., and John Ware, M. D., of Boston, Mass., for Honorary Membership; and that of John Boardman Trask, of California, for an Honorary Degree.

Report adopted.

The same Committee presented the names of Prof. Henry Bronson, M. D., N. B. Ives, M. D., and G. W. Russell, M. D., as delegates to the Convention to revise the Pharmacopeia of the United States.

On motion by Dr. Beresford, it was

Resolved, That the next Convention be held in the City of Hartford, on the fourth Wednesday of May, 1860.

On motion by Dr. Knight, it was

Ordered, That a tax of two dollars be laid upon the members of this Society, payable on the first day of June, 1859.

Dr. Hooker, Chairman, presented the following report, viz:

The Committee to whom was referred the Preamble and Resolutions of the Medical Society of the City of Hartford, respectfully report: That in their opinion the claim of the late Horace Wells, of Hartford, to the discovery and application of the principle of producing anesthesia by inhalation for surgical purposes, is supported by incontestible evidence; they therefore recommend to this Convention for approval and endorsement, the Preamble and Resolutions referred to them.

Report adopted. [Vide Appendix A.]

The following gentlemen were appointed a Committee of Arrangements to co-operate with the Committee at New Haven, to provide for the meeting of the American Medical Association in June, 1860, viz:

Hartford County, Drs. Beresford, Hawley and Hastings.

New Haven County, Drs. B. H. Catlin, L. N. Beardsley and P. G. Rockwell.

New London County, Drs. Ashbel Woodward, A. B. Haile and I. G. Porter.

Litchfield County, Drs. Wm. Woodruff, Wm. W. Welch and J. G. Beckwith.

Fairfield County, Drs. J. Sherwood, D. H. Nash and Williams.

Middlesex County, Drs. Rufus Baker, G. W. Burke and E. B. Nye.

Tolland County, Drs. Alden Skinner, T. Dimmock and C. F. Sumner.

Windham County, Drs. Wm. H. Cogswell, Lewis Williams and J. B. Whitcomb.

On motion by Dr. C. Hooker, it was

Ordered, That five hundred copies of the Proceedings be published for the use of the members of the Society.

The following delegation was appointed to represent this Society in the Massachusetts Medical Society, viz:

Hartford	County,	G. W. Russell, M. D.
New Haven	"	Joel Canfield, M. D.
New London	"	N. S. Perkins, M. D.
Litchfield	"	George Seymour, M. D.
Fairfield	"	S. S. Noyes, M. D.
Middlesex	"	Rufus Baker, M. D.
Tolland	"	G. H. Preston, M. D.
Windham	"	Justin Hammond, M. D.

Dr. Beckwith, Chairman, reported a memorial to the General Assembly on the subject of the Insane Department of the State Prison, and recommended its adoption by the Convention, and that a committee of three be appointed by the President to further, as far as possible, the objects of the memorial.

Adopted.

Drs. Beckwith, Hawley and Hastings, were appointed such Committee. [Vide Appendix B.]

Dr. Nye, Chairman, reported a list of Debentures, which was adopted.

Dr. Sidney Rockwell offered the following resolution, viz:

Resolved, That the thanks of this Convention be tendered to the Medical Gentlemen and Citizens of Middletown, for their kind reception of its members, and the cordial hospitality manifested towards them during the present session.

Adopted.

Adjourned.

P. M. HASTINGS, *Secretary.*

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

FELIX PASCALIS,	New York,
*JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
*SAMUEL L. MITCHELL,	New York.
*DAVID HOSACK,	New York.
*WRIGHT POST,	New York,
BENJAMIN SILLIMAN,	New Haven.
*GEORGE M'LELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
*THEODORE ROMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
*WILLIAM P. DEWEES,	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
*PHILIP SING PHYSIC,	Philadelphia, Pa.
*LEWIS HEERMAN,	U. S. Navy.
*DANIEL DRAKE,	Cincinnati, Ohio.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Hudson, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
*WILLIAM TULLY,	New Haven,
RICHMOND BROWNELL,	Providence, R. I.
*WILLIAM BEAUMONT,	St. Louis, Mo.

*Deceased.

SAMUEL HENRY DICKSON,	Charleston, S. C.
*SAMUEL B. WOODWARD,	Northampton, Mass.
*JOHN STEARNS,	New York.
STEVEN W. WILLIAMS,	Deerfield, Mass.
*HENRY GREEN,	Albany, N. Y.
*GEORGE FROST,	Springfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y
*AMOS TWITCHELL,	Keene, N. H..
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
*JAMES M. SMITH,	Springfield, Mass.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	Montgomery, Ala.
JOHN WATSON,	New York City.
FRANK H. HAMILON,	Buffalo, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL,	Albany, N. Y.
FOSTER HOOPER,	Fall River, Mass.
THOMAS C. BRINSMADE,	Troy, N. Y.
GEORGE CHANDLER,	Worcester, Mass.
GILMAN KIMBALL,	Lowell, Mass.
JAMES McNAUGHTON,	Albany, N. Y.
USHER PARSONS,	Providence, R. I.
S. D. WILLARD,	Albany, N. Y.
JOHN WARE,	Boston, Mass.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

P. M. HASTINGS, M. D., Chairman.

GEORGE CLARY, M. D., Clerk.

HARTFORD, Henry Holmes, S. B. Beresford, G. B. Hawley, G. W. Russell, David Crary, P. W. Ellsworth, *Benjamin Rogers*, E. K. Hunt, J. S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, *H. Gridley*, William Porter, John F. Wells, William R. Brownell, S. C. Preston, P. M. Hastings, Edward Brinley, *Stephen H. Fuller*, George Clary, W. H. Tremaine, Lucian S. Wilcox, Stephen E. Fuller.
BERLIN, E. Brandagee.
BLOOMFIELD, Henry Gray.
BRISTOL, Roswell Hawley.
BURLINGTON, William Elton, 2d.
CANTON, *Collinsville*, R. H. Tiffany.
EAST HARTFORD, S. L. Child, H. K. Olmsted.
Broad Brook, Marcus L. Fisk.
Warehouse Point, Joseph Olmsted.
ENFIELD, J. P. Converse, A. L. Spalding.
Thompsonville, L. S. Pease.
FARMINGTON, *Asahel Thompson*.
Plainville, G. A. Moody.
GLASTENBURY, Clinton Bunce.
South Glastenbury, C. E. Hammond.
Eastbury, Sabin Stocking.
GRANBY, *Joseph F. Jewett*.
East Granby, Chester Hamlin.
West Granby, Justus D. Wilcox.
North Granby, Francis F. Allen.
MANCHESTER, Wm. Scott.
NEW BRITAIN, *Samuel Hart*, E. D. Babcock, B. N. Comings, S. W. Hart.
ROCKY HILL, R. W. Griswold.
SIMSBURY, R. A. White.
Tariffville, G. W. Sandford.
SOUTHINGTON, *Julius S. Barnes*, N. H. Byington, F. A. Hart.
SOUTH WINDSOR, H. C. Gillette, *H. Goodrich*.
East Windsor Hill, Sidney Rockwell, William Wood.
SUFFIELD, Aretus Rising.
Terryville, —— Whittemore.
West Suffield, O. W. Kellogg.
WETHERSFIELD, *E. F. Cook*, A. S. Warner, R. Fox.
WEST HARTFORD, Edward Brace.
WINDSOR, *Wm. S. Pierson*, A. Morrison, S. A. Wilson.
WINDSOR LOCKS, SAMUEL W. SKINNER.
AVON, Frank Wheeler.

NEW HAVEN COUNTY.

M. C. LEAVENWORTH, M. D., Chairman.

LEONARD J. SANFORD, M. D., Clerk.

NEW HAVEN, *Eli Ives, Jonathan Knight, Samuel Punderson*, A. S. Monson, Charles Hooker, N. B. Ives, E. H. Bishop, Levi Ives, P. A. Jewett, D. L. Daggett, Geo. O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Matthews, C. A. Lindsley, Worthington Hooker, T. P. Beers, T. H. Totten, John Nicoll, *C. H. Austin*, Moses C. White, L. J. Sanford, C. L. Ives, Edward Bulkley, Jr., J. C. O'Neil, S. C. Gourdin.
Fair Haven, Lyman Parker, C. S. Thompson, W. M. White.
Westville, Samuel Lloyd.
ORANGE, Henry W. Painter.
BETHANY, Asa C. Woodward.
BRANFORD, H. V. C. Holcomb.
North Branford, Sheldon Beardsley.
CHESHIRE, A. J. Driggs, W. C. Williams.
DERBY, Charles H. Pinney.
Birmingham, Ambrose Beardsley.
Humphreysville, Thomas Stoddard, S. C. Johnson, Joshua Kendall.
GUILFORD, Joel Canfield, Alvan Talcott.
HAMDEN, Edwin D. Swift.
MADISON, D. M. Webb.
MERIDEN, N. Nickerson.
West Meriden, B. H. CATLIN, E. W. Hatch, A. H. Churchill.
MILFORD, Hull Allen, L. N. Beardsley, Thomas Dutton.
NAUGATUCK, J. D. Mears, Henry Pierpont.
North Haven, R. T. Stillman.
OXFORD, Lewis Barnes.
SOUTHBURY, A. B. Burritt.
South Britain, N. C. Baldwin.
WALLINGFORD, Nehemiah Banks.
Yalesville, C. B. McCarty.
WATERBURY, *M. C. Leavenworth*, G. L. Platt, John Deacon, G. E. Perkins, P. G. Rockwell, Thomas Dougherty.
WOODBRIDGE, *Isaac Goodsell*, Andrew Castle.

NEW LONDON COUNTY.

ELIJAH DYER, M. D., Chairman.

L. S. PADDOCK, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard, N. S. Perkins*, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwarring, Robert McCurdy Lord, A. T. Douglass.
NORWICH, *Richard P. Tracy, Erastus Osgood*, Elijah Dyer, Elisha Phinney, A. B. Haile, Edwin Bentley, Daniel F. Gulliver, Lewis S. Paddock.
BOZRAH, Samuel Johnson.
COLCHESTER, *Ezekiel Parsons, Frederick Morgan*, Melancthon Storrs.
EAST LYME, *John L. Smith*, Austin T. Perkins.
FRANKLIN, ASHBEL WOODWARD.
GROTON, *Joseph Durfey*,
LEBANON, *Joseph Comstock*, Ralph E. Greene.
LYME, *Richard Noyes*.
MONTVILLE, John C. Bolles.
Uncasville, S. E. Maynard.
PRESTON, *E. B. Downing*.
STONINGTON, *William Hyde*, George E. Palmer, William Hyde, Jr.
Mystic, Mason Manning.
Mystic Bridge, E. F. Coats, A. W. Coats.

FAIRFIELD COUNTY.

GEORGE BLACKMAN, M. D., Chairman.

M. B. PARDEE, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.
Greenfield, RUFUS BLAKEMAN.
Southport, Justus Sherwood.
BRIDGEPORT, D. H. Nash, F. J. Judson, H. L. W. Burritt, *Wm. B. Nash*, Robert Hubbard, H. N. Bennett.
BROOKFIELD, A. L. Williams.
DANBURY, E. P. Bennett.
EASTON, James Baldwin.
HUNTINGTON, *James H. Shelton.*
NEW CANAAN, *Samuel L. Noyes*, Lewis Richards.
NEWTOWN, George W. Burch.
NORWALK, *John A. McLane*, Ira Gregory, Samuel Lynes, Jno. W. McLane.
South Norwalk, M. B. Pardee.
STAMFORD, N. D. Haight, Lewis Hurlburt.
DARIEN, Samuel Sands.
STRATFORD, *Wm. T. Shelton.*
TRUMBULL, *ELIJAH MIDDLEBROOK*, George Dyer.
WESTPORT, George Blackman, David S. Burr.
GREENWICH, J. H. Hoyt.

WINDHAM COUNTY.

ELIJAH BALDWIN, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Wm. Woodbridge.
ASHFORD, John H. Simmons.
West Killingly, Stephen C. Griggs, Sam'l Hutchins, *David E. Hall.*
South Killingly, Daniel A. Hovey.
East Killingly, Edwin A. Hill.
Daysville, Justin Hammond.
PLAINFIELD, WM. H. COGSWELL.
Centreville, Charles H. Rogers.
Moosup, Lewis E. Dixon, Frank Burgess.
STERLING, Wm. A. Lewis.
VOLUNTOWN, *Harvey Campbell.*
CANTERBURY, *Elijah Baldwin*, Joseph Palmer.
Scotland, Calvin B. Bromley.
WINDHAM, *Chester Hunt.*
CHAPLIN, *Orrin Witter.*
HAMPTON, *Dyer Hughes.*
POMFRET, *Hiram Holt*, Lewis Williams.
North Woodstock, Asa Witter.
South Woodstock, Lorenzo Marcy.
West Woodstock, Milton Bradford.
THOMPSON, Samuel Holbrook, John McGregor.
Putnam, H. W. Hough.

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

D. E. BOSTWICK, M. D., Clerk.

LITCHFIELD, J. G. Beckwith, George Seymour, H. W. Buell, D. E. Bostwick.
South Farms, Garry H. Miner.
CANAAN, Ithamar H. Smith, A. A. Wright.
South Canaan, John A. Gillett.
CORNWALL, Burritt B. North.
West Cornwall, Samuel W. Gold.
Gaylord's Bridge, G. H. St. John.
GOSHEN, A. M. Huxley.
HARWINTON, G. B. Miller.
KENT, *Wells Beardsley.*
NEW MILFORD, *Jehiel Williams.*
BRIDGEWATER, *Horace Judson.*
NORFOLK, Wm. W. Welch, John H. Welch.
PLYMOUTH, Samuel T. Salisbury.

Plymouth Hollow, Wm. Woodruff.
ROXBURY, Myron Downs.
Lakeville, *Benj. Welch*, Wm. Bissell, H. M. Knight.
SHARON, Ralph Deming, William W. Knight.
Wolcottville, *E. Bancroft*, J. W. Phelps.
WARREN, Jno. B. Derickson.
WASHINGTON, *R. M. Fowler*.
New Preston, S. H. Lyman, E. P. Lyman.
West Winsted, Jas. Welch, J. W. Bidwell.
WOODBURY, Charles H. Webb, Harmon W. Shove.

MIDDLESEX COUNTY.

IRA HUTCHINSON, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, *Joseph Barratt*, Charles Woodward, Elisha B. Nye, George W. Burke, Miner C. Hazen.
CROMWELL, Ira Hutchinson.
East Hampton, F. G. Edgerton.
Middle Haddam, A. B. Worthington.
CHESTER, S. W. Turner.
CLINTON, D. H. Hubbard.
DURHAM, R. W. Mathewson.
EAST HADDAM, *Asa M. Holt*, *Datus Williams*.
HADDAM, Edwin Bidwell.
PORTLAND, *George O. Jarvis*, G. C. H. Gilbert.
SAYBROOK, *Asa H. King*.
Essex, A. H. Hough, F. W. Shepard.
Deep River, Rufus Baker.
Westbrook, Horace Burr.

TOLLAND COUNTY.

ALDEN SKINNER, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, *O. K. Isham*, G. H. Preston.
BOLTON, Charles F. Sumner.
North Coventry, *Eleazer Hunt*.
South Coventry, Timothy Dimock, Henry S. Dean.
ELLINGTON, *Horatio Dow*.
HEBRON, Orrin C. White.
Mansfield Centre, *Earl Swift*, O. B. Griggs.
Mansfield Depot, *Norman Brigham*, W. H. Richardson.
SOMERS, *Orson Wood*.
East Stafford, Wm. N. Clark.
West Stafford, J. C. Blodgett.
Stafford Springs, C. B. Newton.
Staffordville, S. F. Pomeroy.
VERNON, John B. Lewis.
Rockville, Alden Skinner, Stephen G. Risley.
WILLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1859; WITH DEATHS REPORTED FOR THE YEAR ENDING APRIL 1st, 1859.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	61	9	70	0
New Haven County,	63	7	70	2
New London County,	26	13	39	0
Fairfield County,	25	5	30	0
Windham County,	21	8	29	0
Litchfield County,	28	6	34	0
Middlesex County,	16	5	21	0
Tolland County,	16	6	22	0
	256	59	315	2

NOTE.—Former Fellows of the Connecticut State Society are *permanent members* of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1858, WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

New Haven County,	Disease.
Timothy P. Beers, age 28,	Diabetis.
Henry L. Fitch, age 24,	Diabetis.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit to the Treasurer the names of the Fellows elect, immediately after the County Meetings.

To return to the Treasurer the names of Members delinquent on taxes, with the amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous Business.

LIST OF ADDRESSES AND DISSERTATIONS

DELIVERED IN CONVENTIONS.

1793 President's Address, by Dr. Leaveritt Hubbard.
1794 Prize Essay on Autumnal Bilious Fever, by Dr. S. H. P. Lee.
1794 Prize Essay on the Properties of Opium, by Dr. Gideon Shepherd.
1795 Eulogy on Dr. L. Hubbard, by Dr. Eneas Munson, President.
1795 Prize Essay on the Preparation of Antimony, by Dr. F. P. Ouviere.
1795 Prize Essay on the Different Species of Colic, by Dr. Thaddeus Betts.
1796 Prize Essay on the Contagion of Yellow Fever, By Dr. F. P. Ouviere.
1796 Prize Essay on Cynanche Tonsillaris, by Dr. S. H. P. Lee.
1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
1796 Prize Essay on same subject, by Dr. Gideon Shepherd.
1798 History of a case of Bilious Concretion, by Dr. Lemuel Hopkins.
1798 An Essay by Dr. Jared Potter.
1799 A Dissertation, by Dr. Thaddeus Clark.
1800 A Dissertation on Lunacy, by Dr. Nathaniel Dwight.
1804 Essay on the Stafford Mineral Waters, by Dr. Samuel Willard.
1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
1818 On Ergot, by Dr. William Buel.
1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
1821 Dissertation on Uterine Hemorrage by Dr. Samuel Rockwell.
1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
1823 Dissertation, by Dr. Dyer T. Brainard.
1829 Dissertation on Extra-uterine Conception, by Dr. George Sumner.
1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.
1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.

1837 An Address, by the President, Dr. Thomss Miner.
1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
1838 A Dissertation on Spinal Irritation, by Dr. Issac G. Porter.
1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Bronson.
1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.
1841 An Address by the President, Dr. Silas Fuller.
1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amariah Brigham.
1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
1843 An Address by the President, Dr. Elijah Middlebrook.
1843 A Dissertation on Phlebitis, by Dr. Pinckney W. Ellsworth.
1844 A Dissertation on the Respect due to the Medical Profession. and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. B. Fordyce Baker.
1849 An Address by the President, Dr. Archibald Welch.
1849 A Dissertation on Hygiene, by Dr. Alvan Talcott.
1850 A Dissertation on Medical Jurisprudence, by Dr. Johnson C. Hatch.
1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
1853 An Address by the President, Dr. Rufus Blakeman, on the Early Physicians of Fairfield County.
1853 A Dissertation on Popularizing Medicine, by Dr. Samuel Beach.
1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. B. Casey.
1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
1857 An Address by the President, Dr. Benjamin H. Catlin.
1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
1858 An Address by the President, Dr. Benjamin H. Catlin.
1859 An Address by the President, Dr. Ashbel Woodward.
1859 A Dissertation on the Issue, by Dr. Rufus Baker.

THE

ANNUAL ADDRESS

DELIVERED BEFORE THE

CONVENTION

OF THE

Connecticut Medical Society,

AT MIDDLETOWN,

MAY 25TH, 1859.

BY ASHBEL WOODWARD, M. D., OF FRANKLIN,

PRESIDENT OF THE SOCIETY.

HARTFORD:

PRESS OF CASE, LOCKWOOD AND COMPANY.

1859.

ADDRESS.

GENTLEMEN OF THE CONVENTION:—It is pleasant for us all to remember that we this day assemble in this ancient city where the founders of our venerable Society held their original meeting two-thirds of a century ago.

It is also fitting that we should express our obligations to an ever watchful Providence, that we, as an association, have been permitted to maintain an uninterrupted and as we trust a somewhat progressive state of existence from that time to the present.

In compliance with a by-law adopted by this Society some years since, and in conformity to a usage which has to some extent prevailed, it becomes the duty of the President to deliver annually an address to the Convention.

Among the multiplicity of subjects from which one might readily be selected for profitable contemplation, the pressure of professional engagements has left me little room for choice. I am almost compelled to pass over the inviting fields of Medical Science and to take up a topic which has for years occupied much of my attention. The coincidence alluded to in our place of meeting has also had its influence upon the choice of a theme.

I propose, then, briefly to review the origin and progress of the Connecticut Medical Society, and shall attempt to establish the mutual claims and obligations subsisting between this association and the profession in our State.

The time that has elapsed since the date of our organization forms one of the most eventful periods in the history of Medicine. But in

a single address, and that necessarily condensed, our medical progress will be referred to only so far as it may relate to our subject.

In May, 1786, to meet a very obvious want, and one that was extensively felt, certain practitioners of medicine and surgery convened at Hartford and petitioned the General Assembly for the incorporation of the Connecticut Medical Society. The petition, very respectably signed, was continued to October, 1786, then to May, 1787, and finally to October, 1787, when a Committee was raised to consider it.

An act for the encouragement and promotion of medical knowledge appears to have been introduced in May, 1786. In May, 1787, it passed the Lower House, but was continued to October, 1787, when it was negatived in the Senate.

It will thus appear that a leading object of the early petitioners for a State Medical Society was the encouragement and promotion of medical knowledge, or in other words, to elevate and fix on a permanent basis the standard of Medical Education, to provide a succession of thoroughly qualified physicians and surgeons adequate to the wants of the community.

To appreciate what has been done in furtherance of this object it must be recollected that from the settlement of the country in 1620 to the organization of our State Society in 1792, a period of more than 170 years, no systematic effort had been made in New England to elevate the grade of medical education, or to regulate the practice of the profession, if we except the organization of the State Medical Society in Massachusetts in 1781, of that in New Hampshire in 1791, and of two or three County Medical Associations in our own State, organized on the voluntary principle.

During the first century of our colonial existence, or to speak more definitely, during the unexpired two-thirds of the seventeenth century, there were but very few individuals in the profession of even respectable attainments. In some of the larger and first settled towns, a few able and educated physicians were to be found. Of this number was the Hon. John Winthrop, who in 1662 was made the first governor of the colony under the charter which he procured of Charles II. He was an eminent physician, ripe scholar, and a patron of science in general, having been not only a member but one of the founders of the Royal Society of philosophical transactions. His field of practice was first at New London, and successively at New Haven and Hartford. He died in 1676.

A few other names might be mentioned as among the earlier physicians in the colony. In the year 1652, Dr. Thomas Lord of Hart-

ford, obtained a license to practice physic and surgery. This was the first medical license that was granted by the General Court. Two years later, Dr. Daniel Porter, of Farmington, was also licensed to practice medicine and chirurgery. Dr. Porter acquired considerable celebrity as a practitioner, and was one of the leading physicians in the colony for more than thirty years. We will only mention in this connection two additional names who were licensed toward the close of the seventeenth century. They were those of Dr. Thomas Hooker, of Farmington, and Dr. Samuel Mather of Windsor, both of whom are believed to have enjoyed the private instructions of Dr. Porter, and neither of whom was scarcely less distinguished in the profession than their eminent teacher.

If we extend our researches nearer to our own times, we shall not fail to discover that the leading physicians in New England, especially in our own colony, were members of the clerical profession also, who during their collegiate course acquired their professional knowledge from the writings of Hippocrates, Galen and other early medical authors. Of this class of practitioners were the Bulkleys, father and son, of Wethersfield and Colchester, Elliot of Killingworth, Fisk of Haddam, and Collins of Litchfield. The two first were graduates of Harvard, the remaining three of Yale. Some of these, particularly Elliot and Fisk, were physicians of great distinction, and were not unfrequently called into the adjoining colonies in consultation.

During the whole of the seventeenth century, the circumstances of the country were not favorable to the prosperity and elevation of the profession. To become a well qualified physician, requires a course of study and a variety of observation which were not to be obtained in any of the colonies, while the great expense attending a foreign education rendered it quite impracticable for any except a very few to avail themselves of the only means of becoming regularly instructed.

The advantages likewise attendant upon an emigration hither were too remote and too uncertain to draw the educated physicians of Europe to our shores. Thus it was that in the almost entire absence of populous towns, and in the entire absence of medical institutions which constitute so powerful an attraction to the educated and to the ambitious, no one already established in practice on the other side of the Atlantic, would think of exchanging it for the hardships and privations which he was almost sure to experience in the American wilderness. It was perhaps too often the case that those and those only who failed in the old world were induced to remove to the new.

It is then evident that while religious difficulties filled the clerical

ranks with men of piety and learning, and while the favor of the crown produced a full supply of legal talent, the profession of medicine, receiving few valuable accessions, was suffered to languish.

It is true that this depressed state of the profession did not continue universal through the entire period of our colonial existence. Toward the middle of the eighteenth century wars broke out between England and France, and the theater of military operations was mostly in the colonies. From the time of the expedition against Louisburg in 1742, to that against Havanna, 20 years later, including in the intervening time the conflict with the Canadas, resulting in their conquest by England, wars were almost constant. The British forces were accompanied by a medical staff composed of well selected and well educated physicians. Their military operations led to the establishment of many hospitals in our territories. As the colonies were required to furnish their full proportion of troops, it followed also that they were to supply their share of the medical corps. This brought many of our young men into contact with the educated and experienced surgeons of Europe. The effect was most salutary. The discipline of the camp supplied in some measure the defects of early medical education. In this way a new order of medical men was raised up and diffused through the community.

The names of those who participated in these military campaigns are doubtless familiar to most of you. Some of the earlier were Reed of Simsbury, Durant of Derby, Wheeler of Hartford, and Tudor of East Windsor. Among the later and more distinguished were Turner and Lord of Norwich, Waldo of Pomfret, and Watrous of Colchester. The five last names in this list are all to be found in the Act of Incorporation as composing a part of the original founders of the Connecticut Medical Society.

The medical works then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead and Huxham; the physiology of Haller; the anatomy of Cowper, Cheselden and Monro; the surgery of Sharp and Pott; the midwifery of Smellie and Hunter, and the Materia Medica of Lewis. These of course were all the productions of foreign authors, yet medical literature had by no means been neglected by the profession in this country.

The earliest medical publications appeared in Massachusetts, and were called forth by the prevalence of epidemic diseases, and the very first was a tract by Thomas Thatcher, a clergyman and physician of Boston. It was entitled "A Brief Guide in the Small Pox and Measles," and was published in the year 1677.

We might mention other productions which were characterized by great and varied learning, accuracy of observation, and originality of thought, and which would do credit to a later age. Thus the "Practical History of a new Epidemical Eruptive Miliary Fever, which prevailed in New England in 1735 and 36, by William Douglass, M. D., of Boston," and which was published the latter year; a "Description of American Yellow Fever," by Dr. John Lining, published in 1753; and a work on the "Treatment of Wounds and Fractures," by Dr. John Jones, published in 1776, have had a lasting reputation.

Dr. Benjamin Gale, of Killingworth, appears to have been the earliest medical writer in Connecticut. He studied medicine with the distinguished Dr. Jared Elliot, whose daughter he subsequently married. About the year 1750, he published a work entitled "Historical Memoirs, relating to the practice of Inoculation for Small Pox in the British American Provinces, particularly in New England." In this work the author advocated the utility of a course of mercury as a preparative to the disease. This production has been referred to by the celebrated Dr. Huxham, who noticed with favor the practice recommended by the author. Dr. Gale also published some essays in the transactions of the original New Haven County Medical Society. These with "Cases and Observations," published by the same Association in 1788, a work which has been referred to by foreign authors, and which gives a judicious view of the practice of the State of Connecticut subsequent to the war of Independence, if we include a work on "Pestilence," by Noah Webster, LL. D., will comprise the main part of our medical literature anterior to 1792.

During the first three-fourths of the eighteenth century, the humoral doctrines of Boerhaave held almost unlimited sway over the minds and practice of the physicians in this country. Endemic and epidemic diseases prevailed in almost all the colonies, sometimes producing very great destruction to life. Indeed we have the painful evidence that the wide-spread mortality experienced during the prevalence of certain epidemics was attributable to the low state of medical practice.

The use of mercury in the treatment of inflammatory diseases and eruptive fevers, had its origin with Dr. Wm. Douglass of Boston, in 1736. The preparation used was calomel. It was a long time before its powers were properly understood and appreciated, and before it occupied its true position as a therapeutic agent.

As late as the middle of the last century, the department of midwifery was almost exclusively in the hands of females. In some of

the more sparsely settled towns it continued to be so till near the beginning of the present.

Dr. James Lloyd of Mass., and Dr. William Shippen of Penn., were the first regular and successful practitioners of midwifery in this country. It is mainly to their success, that this delicate branch of practice has been transferred from the hands of uneducated and incompetent females.

Thus early, it is not known that any American physicians, educated in the European schools, were to be found in this, as there were in several of the other colonies. Among the most distinguished in the latter, were Drs. James Lloyd and Zabdiel Boylston, of Massachusetts; St. Gad Colden and Dr. James Ogden, of New York; Drs. John Morgan, Wm. Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas, of Virginia: and Dr. Lining of South Carolina.

The first public attempt to communicate medical instruction in America was made in 1754, by Dr. Wm. Hunter of Newport, R. I. He gave lectures on anatomy in this and the two succeeding years. He was educated under the elder Monro, at Edinburgh, was a cotemporary of Cullen, with whom, as well as with his own illustrious kinsmen, Drs. Wm. and John Hunter, he corresponded after his removal to this country.

In the year 1762, Dr. William Shippen, Jr., who had then just returned from his studies in Europe, commenced a course of lectures on anatomy to a class of twelve students in the city of Philadelphia. The same course was continued for the two following years, when in 1765 he was joined by Dr. John Morgan, the immortal Rush, and others, in founding the Medical Department of the University of Pennsylvania.

Meanwhile the New York physicians were not uninformed of what was in progress in Philadelphia, and influenced in part by a spirit of rivalry, were successful in their efforts to establish a Medical School in connection with Kings College. With a full Medical Faculty, including, with others scarcely less distinguished, the names of Dr. John Jones, Peter Middleton, and Samuel Bard, the first course of lectures was given in the winter of 1768–9.

The next movement was in Massachusetts, a little before the close of the war. In the winter of 1780, Dr. John Warren, then surgeon of a military hospital in Boston, commenced a course of anatomical lectures, which were annually continued until a Medical Faculty was organized in connection with Harvard University, in 1782, but so slow

were its beginnings, that for the next eighteen years but nine students were honored with the degree of M. B., and not one with that of M. D.

These schools, thus ably organized, were at first not well sustained. Six years after the organization of the New York School, only about twenty-five persons attended anatomical lectures, and some of these were from the West Indies. And as pressing as were our own wants, these institutions were patronized but by very few, if by any, of our own medical students. Not a single name from Connecticut is to be found upon the earlier catalogues of any of the institutions just referred to. Although it should be borne in mind that the first medical honors were bestowed upon but few, and that even at a later date they were much less sought after than at present.

They were educated in very different schools. Allusion has already been made to the benefits derived by the profession in the Provinces, from the medical corps attached to the English armies sent against the French in the war of 1755 and onward—but the war for Independence afforded a different school. In the one, the profession in the colonies acted in the capacity of students and assistants, while in the other they were left entirely to their own resources. The profession being thus compelled to act independently, and often without the necessary supply of hospital stores, it acquired that self-reliance which enabled it at the close of the war to set about establishing its infant institutions, with a zeal and an energy that was sure to result in success.

As we have shown, the medical students of Connecticut prior to the organization of the State Medical Society, had no other than private medical instruction. There were, it is true, some competent and highly popular medical teachers scattered through the State, by whom large numbers of our young men were successfully educated. Among the most eminent were Dr. Jared Elliot, of Killingworth, who has been justly regarded as the father of regular practice in Connecticut; also Dr. Jared Potter, of Wallingford, himself a student of Dr. Elliot, who for many years kept a medical school, in which several of the most distinguished physicians in the State were educated, Dr. Lemuel Hopkins of Hartford being of the number. Another, scarcely less eminent, was Dr. John Barker of Franklin, who was the first President of the New London County Medical Society, organized in 1784, to which office he was annually re-elected to the time of his death, in 1791. To these we might add the names of Dr. James Hurlbut of Berlin, and Dr. Seth Bird of Litchfield, his student; Dr. Benjamin Gale, who was the instructor of Dr. Elihu Tudor; Dr. Elisha Tracy, the teacher of Philip Turner; Dr. John Osborn of

Middletown, Dr. Mason F. Cogswell of Hartford, and others. But able teachers at that day were not always accessible, and when accessible, were not always duly appreciated. All who chose to practice medicine were legal physicians, however indifferent had been their advantages. No examination was had, nor was any license given or required. In some cases a certificate was proffered by the instructor to the student at the expiration of his apprenticeship, as it was called, but even this was often dispensed with.

With this low state of medical instruction, and in the absence of all acknowledged rules of medical police, and without ethical laws to regulate the intercourse of physicians, and consequently without harmony of action or true dignity of professional character, the state of the profession in general, could not have been otherwise than that of great, not to say extreme degradation. It was felt to be so by a class of honorable and philanthropic practitioners to be found in every section of the State.

Some of this number had already participated in the organization of County Medical Associations at home. It might or might not have been known to them generally, that State Medical organizations had existed elsewhere. New Jersey is entitled to the credit of making the first attempt to improve the condition of the profession by means of social organization. As early as 1766, the profession in that State formed a voluntary Association, which continued in successful operation till 1775, when its meetings were interrupted for a time by the military operations in that colony. This Society did not obtain an act of incorporation till 1790. The second important movement in this direction was, as we have seen, in Massachusetts, when in 1781, she received an act of incorporation for her State Medical Society. The next State Society was in New Hampshire, which was chartered in 1791.

Owing to the peculiar relations that had long existed between this and the mother country, our best informed physicians could not have been ignorant that a Medical Association had been formed in England as early as the time of Edward the IV., (1462,) when a company of surgeons, as a social organization in the city of London, obtained a charter with certain exclusive privileges.

And still later, in the reign of Henry VIII., the physicians of the city of London, or a favored portion of them, were by act of Parliament constituted a perpetual community. But it is evident that this organization was instituted, rather to build up individual interests, and to replenish the exchequer, than to protect the interests of the com-

munity, and at the same time to elevate the character and standing of the profession.

Had the physicians of Norwich, who in 1763 applied to the Colonial Legislature for the charter of a Medical Society ; and had the physicians and surgeons who convened at Hartford in May 1786, to obtain an act of incorporation for a State Medical Society, felt the true dignity of their position, they doubtless would have established medical associations on the voluntary principle, without legislative protection or interference. They did not then, more than now, need exclusive privileges. All that they did require from law in common with other citizens, was protection and freedom of action. If these Associations are to become honorable and extensively useful, the elements of their greatness and prosperity must be found to exist inherently within themselves. They can not be conferred by legislative enactment.

The people of this country had just successfully emerged from the war of Independence. They had seen that in that struggle their success depended upon union of effort. The physicians of Connecticut realized the necessity of a thorough professional reform, and felt that the consummation of this reform required not only concert of action among themselves, but legislative sanction also. Hence, the act of incorporation petitioned for in May, 1786, was granted in 1792. From that day onward to the present, if its course has not been marked by uniform prosperity, its existence at least, has been continuous. And it would be difficult to name any Association at home or abroad that has more undeviatingly aimed to promote the public good, and at the same time to secure to its members that true dignity of character which should distinguish all belonging to an honorable profession.

It is not necessary that we should revert to the various acts that have from time to time marked the proceedings of this Society. These are familiar to the senior members of our Association. Still, it should be borne in mind that our Society came into being during the most critical era in the history of medicine in this country. It was, in an important sense, a transition period. If we were not liberated from obedience to European theories, the doctrines of Cullen were fast supplanting those of Boerhaave and Sydenham. In 1790, the immortal Rush promulgated certain principles in our own country which he regarded as the foundation of a new system in medicine, and which won for him not a few disciples and admirers. It was the forming period of the profession, and while the great mass were neither learned

in science nor skilled in practice, there were to be found some who had attained pre-eminence in both.

After obtaining an act of incorporation, the Society held its first meeting in October, 1792, in this city, where we are permitted to assemble to-day. The first act of that original Convention was recorded as follows:

"*Resolved*, That a Committee be appointed in each county, consisting of three members of the Connecticut Medical Society, for the examination of Candidates for the Practice of Physic and Surgery."

These County Committees or Boards of Censors, were selected with great discrimination, and were filled with the most eminent physicians in their respective localities.

This was the first attempt that had been made in this State to regulate the educational qualifications deemed essential for admission to the profession, if we except an army regulation enacted during the war of Independence, and some preliminary measures which had been adopted in New Haven, and one or two other counties, to partially introduce the license system.

Among the colonies New York made the first successful effort to regulate the education and practice of the profession by legal enactment. This was in 1760, but it was confined exclusively to the city and county of New York. With the exception of a similar enactment in the colony of New Jersey, in 1772, no attempt was made to regulate the qualifications and practice of physicians by any of the colonial governments previous to the war of the Revolution.

The Massachusetts Medical Society, as already stated, was incorporated in 1781. It was authorized to elect a board of censors whose duty it was to examine all candidates for admission into the profession in that state, and to grant licenses to such as were found qualified. Similar powers were granted to the New Jersey Medical Society in 1790, and to that incorporated in New Hampshire in 1791.

The Connecticut Medical Society thus organized, with its Boards of county censors ably filled, entered upon a career of great prosperity for the next twenty years. The most benign influences everywhere marked its progress. Although it was not clothed with strong legal powers to restrain irregularities, reform was everywhere manifest, empyricism became more and more unpopular, and finally it became difficult for a young candidate to find employment if he did not possess a license, as a guaranty of his qualifications.

But it cannot be concealed that a serious want was felt in the pro-

fession, and perhaps out of it too. And it is one of the most singular features connected with the history of colonial medicine, that so little attention was paid to professional education. This is the more remarkable, inasmuch as our colonial ancestors were fully alive to the importance of general instruction, and the most honorable efforts were made to establish it on a respectable foundation. As early as the year 1700, Yale College was established, yet no provision was made for instruction in the medical sciences for the next one hundred years. About the year 1801, the corporation passed a resolution to institute a medical professorship. This resulted in no further action till in the year 1810, to meet a very manifest want, the legislature of the state, upon the joint application of the corporation of the college, and the President and Fellows of the State Society, passed an act to establish the Medical Department of Yale College.

The first course of lectures was delivered in the winter of 1813–14. During the first twenty-five years of its existence the whole number of those who received medical instruction in the institution, in whole or in part, was, we believe, considerably more than one thousand.

During this period, about four hundred have received the degree of Doctor of Medicine from the President and Fellows of Yale College, and nearly three hundred have been licensed to practice by the President of the State Society.

In granting degrees, the college and the society have been so equally represented in the Board of Examination that neither has had just cause of complaint, while the public interests have always been secured.

We shall not attempt to estimate the amount of influence that has been produced by the united efforts of the society and the college. Possessing, as the latter always has, a faculty inferior to that of no similar institution in our country, the results have been most salutary.

I trust that it is a source of sincere gratification to us all to meet one of the original members of this Board of Instruction in our convention to-day.

Without pausing to particularize, we are happy to observe, that the instrumentality of the society in founding humane institutions, in perfecting a system of medical ethics, and in devising measures of sanitary reform may well be pointed to with satisfaction and pride.

Without any change in our organization, but with some improvements in our financial and publishing operations, we are of the number who are full of hope for the future. This has been inspired in no inconsiderable degree by the organization and very successful career

thus far of the American Medical Association. The interest developed by this movement has extended itself till it embraces the profession in the whole country;—and besides other important results, it has re-animated old associations; has led to the formation of new ones where none existed before; has caused a more open and liberal intercourse among medical men, and has produced a more active and universal sense of the high aims, interests, and responsibilities of the profession.

Hence, notwithstanding the abolishment of all laws regulating the practice of medicine in this and most of the other states, and the consequent absence of all legal protection, the profession was never making more rapid advancement in its education, in its science and literature, and in its social position than at present.

Experience has everywhere demonstrated that, comparatively, little reliance can be placed upon legislative action to promote the welfare of the profession, or to protect the health of the community. If this is true, then it follows that whatever is done to secure the above objects must be accomplished by the profession itself. The measure of its usefulness and its honor are entirely in its own keeping and dependent upon its own action.

Observation and facts have also demonstrated that associated action is the great characteristic feature of the age. If then it is important to effect a more complete and thorough organization of the profession on such a plan as to embrace in the local societies every regular and scientific practitioner, and if such social organization is to be sustained and kept alive by the voluntary contributions of its members, then it is plain that an enlarged and liberal sentiment must universally pervade the professional mind and develope a nobler idea of what a physician should be, both professionally, so to speak, and socially.

But in order to insure both permanency and efficiency, and to continue within our ranks every worthy member of the profession; it requires only a limited knowledge of the past history of medical organizations to make it evident that without some collateral aid, some permanent resource for increasing the interest, and perhaps, for lightening the burthens of such associations, they will almost inevitably sink to a mere nominal existence.

With a view to obviate such disaster, and at the same time to give new vitality to our organization, we would submit for your consideration, if not for your immediate action, the practicability of establishing a Medical Periodical under your own direct auspices and censorship. In addition to the ordinary matter embraced in journals of this char-

acter, it would very properly contain the Proceedings of your State and County Societies; at the same time affording a medium of communication between the profession at home and abroad.

The Editor or chief conductor, should be appointed by the Society through a committee to act as a Board of Publication. The publishing department might be committed to individual enterprise, with the necessary guarantees from the Society.

It is not my purpose to submit any mature plan of publication. I rather propose it as a measure well calculated to re-animate and perpetuate our Association. In a Convention like the present, it would be wholly superfluous to allude to the advantages of reading and study to the medical man. I am assured of your hearty concurrence, when I assert that every physician, even after entering upon the active duties of his profession, if he would properly discharge his obligations to the sick, or if he aspire to eminence, must continue without intermission, judicious habits of mental application. He is required not simply to investigate disease at the bedside of his patients, but also to keep himself informed of the advances made in all departments of medical science. This can only be attained by reading at least one well conducted medical journal.

Dr. Thatcher, in noticing the New York Medical Repository, a pioneer Medical Journal in America, projected in 1798, remarked "that it might with great truth be said to have contributed more largely than any other single publication to that taste, in medical investigation and improvement, which had been for a number of years so rapidly advancing on this side of the Atlantic."

We repeat that it is mainly due to medical journalism, to the periodical press, that a correct professional sentiment is established and sustained. These journals constitute a most essential part of our medical literature, and their conductors are not only responsible for the character of the contents, but they very properly assume the function of censorship over every other department of medical writing.

I am aware that this proposition may be regarded, and perhaps very generally, as Utopian—as impracticable.

It may be objected, that there are now periodicals enough of the kind—more than are well conducted and well sustained.

That our proximity to the larger cities renders such an undertaking unnecessary.

And besides, the area of our State is insufficient to furnish the requisite patronage.

To the first of these objections I would reply, that every locality and every Association have their own peculiar wants.

Again: as regards our resources, for subject matter, we feel assured that the senior members of the Society could regularly furnish monographs of great value which otherwise might never be drawn forth. But to the younger members, would such a publication prove especially beneficial. We have many physicians in our ranks, close observers, good reasoners, and judicious prescribers, who yet never report one of their numerous cases, nor reduce to writing their views, however original in conception, sound in theory, or useful in practice. If the field of medical knowledge had already been thoroughly harvested, and only a few stray ears were left to repay the toil of the gleaner, such neglect would be excusable. As it is, we have hardly crossed the confines of our territories, and the golden sheaves hitherto garnered, but bespeak the fertility of our inheritance. While opinions on questions of ethics and religion, of justice and politics, are weekly disseminated through a thousand channels, shall we remain content with present acquisitions nor attempt to add to the legacy bequeathed to us by our professional ancestors? But to make the treasures of experience available, requires power of analysis and method, of close thinking and accurate reasoning. The nature of our calling does not secure intellectual discipline by offering an arena for the clash of mind against mind, as is the case in law. And this we regret the less, because as the pen gives opinions wider circulation than oral utterance, so its assiduous use is the most effectual means of training those faculties, the thorough culture of which ensures to the physician a career of usefulness and eminence. If we have a Journal of our own—the index of our ability—sentiments of pride as well as philanthropy, will enlist in the cause the choicest talent of the State.

Again: while it must be acknowledged that Metropolitan cities, where talent and capital are aggregated, possess superior facilities for journalism, yet the influence of these cities should by no means grow to such an estate of overweening magnitude as to reduce *the country* to a condition of inglorious dependence.

To unenquiringly borrow from them our opinions, or yield assent to their dogmas as *ex cathedra* and authoritative, would be no less than a virtual surrender of the most precious of our birthrights. Bold, self-sustaining independent habits of thought constitute the very foundation and ground work of intellectual power. Plant an elm in the open field and it will grow to majestic proportions. Plant the same

elm beneath the shade of another that has luxuriated in the sun-light of a hundred summers, and it will always be a dwarf. As individuals, eager to promote mutual improvement and the good of our common cause, let us put on the whole armor; especially let us not slightly esteem the pen which in days of modern amelioration has become a weapon mightier than the sword.

To these remarks, already much too long, we merely add the sincere hope that our annual Convention may prove one of much pleasure and profit to the members present, and that our acts may inure to the general and permanent prosperity of the Society.

This is emphatically an age of new ideas, of bold experiment, and of rapid theory. It is a subject of regret, that in our independence we mistake impudence for freedom of thought, and having been so long accustomed to form and change theories of our own, we now presume to laugh at the conclusions to which our fathers arrived, and even cast aside those truths which have had the experience of centuries to confirm them. Sects and schools, isms and pathies, are rising up around us, claiming, and in many cases securing, a large share of the patronage of the people, and boasting, with too much truth, of their adherents from our own ranks. Lamentable as it is, facts are every day showing us that dishonesty is becoming too common in the medical profession. At the present day the temptations are so strong to yield to the allurements offered by the various systems of medical heresy; the plain, honest practitioner is so poorly appreciated, and so meagerly rewarded, while the coffers of quackery overflow, that it requires an unusual devotion to our art to retain the stern integrity of the true physician. We do well, therefore, occasionally to revert to those time-honored principles which we have received from the past, and thus to determine how far our progress has been genuine, by observing how nearly it conforms to the great fundamental truths of our art.

I ask, therefore, your patient attention to a few results of my experience in the workings of one of those familiar truths. In this I expect not so much to impart new ideas, as to refresh old ones; desiring not so much the fame of the explorer, as to find my experience confirmed by that of my brethren.

The Issue, as a curative agent, has received of late years very slight attention. Few medical writers have given us any ideas, save the most vague, of their action upon the system, or have discriminated with any degree of exactness in their application to the various forms of disease. Yet no remedy is more common in nature, none has had so much of the confidence of the profession; few are capable of being wisely applied to so much advantage; and yet, strange to say, few have been employed so blindly.

The fathers of medicine were close and patient observers of nature. They laid down no dogma, striving to compel her conformity to their presumption. They learned from her teachings, and imitated her in their practice. They were fond of expressing those truths in short sayings, or proverbs. We know the grand dogma of Hippocrates was that upon which the whole theory of Allopathy is founded—"*Contraria contrariis curantur.*"

I shall not occupy your time in discussing the doctrine of counter-irritation. Knowledge is but observation; and we, both as men, and as physicians, are every day presented with evidences of its truth. The particular channel through which this remedial agent acts, other than its power as a derivant to the circulation, we may not be able to define. What part may be assigned to the nervous system, future observation may be able to determine; but that its office, both in producing and removing derangements of the various organs, is an important one, no one can have failed to remark. It is to one of the forms in which this principle is applied—the Issue—that my mind has been directed for some years.

The action of the issue as a curative agent is evidently three-fold: as a counter-irritant, stimulant, and a drain.

1st. As a counter-irritant, it operates by exciting the blood-vessels near the surface, attracting the blood to the issue and adjacent parts, and in the same degree diverting it from the inflamed part, thus relieving the deep-seated inflammation. On this principle the moxa, dry-cupping, setons, and other topical applications, are made use of to relieve inflammation of the brain, spine, &c. Information of the beneficial effects of this remedy has recently reached us from across the sea; that the terrible results of the injuries received by Senator Sumner, have yielded to the hardly less terrible application of the moxa—the favorite remedy of Larry and other eminent French surgeons of the past and present; though it has never been entirely naturalized this side of the Atlantic.

2d. It acts as a stimulant to the internal organ, on the same principle that we make stimulating applications to the external parts. No argument is needed to prove the absorbing power of the lymphatics through the skin. We are all familiar with the internal effects of cantharides, from the application of a blister—with the absorption of turpentine when applied externally. We apply mercury endermically, when we wish a speedy constitutional effect. Morphia, strychnia, and a variety of other medicines, are applied externally, to produce internal effects by absorption. We are also familiar with the effects of local stimulants to old ulcers, or any local inflammation of an atonic character. In like manner it is believed that when a caustic is applied to the skin, portions of that caustic are absorbed and carried into the circulation, producing an effect upon distant organs.

3d. The issue operates in imitation of nature, as a drain to the system, or takes the place of a natural drain, affecting some vital organ. The human system is so constituted, as to contain within

THE APPLICATION OF THE ISSUE.

A Dissertation read before the Annual Convention,

BY RUFUS BAKER, M. D., OF DEEP RIVER.

GENTLEMEN OF THE STATE MEDICAL SOCIETY:—You have seen fit to appoint me to present to your notice on this occasion, some of the results of my experience in the practice of our common art. I have complied with extreme diffidence, not only that the habits, acquired through more than sixteen years of a somewhat active business life, have quite unfitted me for any extended literary labor, but also that during the past year my time has been so occupied, that I have found it impossible to give even the most trivial subject a fair investigation.

I have prepared for you, therefore, no rhetorical essay upon the disputed but popular topics in our science; I have gone into no new field of experiment; I bring you no ingenious web of theories. We, gentlemen, as members of an active and philanthropic profession, have no time to be *theorists*. Stepping aside for an hour from the busy round of our very practical life, we have gathered here to exchange our experience for another year, acquire perchance from each other a few new ideas, and again take our places as hard-working, earnest men.

It is one of the most beautiful features of our science, that it rests upon a few simple truths. The student need not be bewildered by long series of axioms and propositions; the practitioner, if he be true to the faith he once professed, may walk a straight and narrow path; for, like the solitary ray, guiding the seaman amid the storm, so gleam along the lapse of years those grand old truths, bequeathed us by our early fathers. Glorious legacy! uninjured by the prejudice of enemies, safe amid the turmoil and contention of friends, undimmed by the mould of ignorance, and untarnished by decay.

itself, to a great extent, the elements of repair, and our efforts to restore a diseased organ to its normal state, must, if successful, act in harmony with this great truth. In a healthy condition of an organ, the changes of growth and decay that must be constantly going on, we are told by physiologists, are accomplished in the capillary system of blood-vessels, as it is through these capillaries that the fluids are converted into the necessary solids—the solid receiving from the blood and assimilating with its proper substance, material, particles identical in their nature with those of which it already consists; and the solid also giving up to the blood, and relieving itself of other particles which before formed a portion of itself, but which have become unfit or superfluous. Now any departure from this continual change of adding and subtracting particles, or any excess or defect of the particles added, or the particles subtracted, or in their kind or quality, or any deviation from the regular process of nutrition, changes the character and quality of the blood, as well as the solid thus acted upon. These lesions of nutrition, then, together with deficient excretory action, render the fluids of the system, so to speak, impure in their character; and it is to their purification that the repairing efforts of nature are directed, and to the aid of which our art, to be successful, must also be directed.

Though I cannot, by any means, adopt to its fullest extent the old humoral pathology, that all maladies are attributable to some acrimony or peccant state of the humors, yet I am still farther from taking the other extreme—the doctrine of the solidists.

The solids of the body being built up and kept in repair by materials furnished by the blood; and the worn-out particles of the solids being taken into the blood, to be conveyed out of the system; it is evident, that, if any organ fails to appropriate to itself particles destined for its repair or growth; or, if particles fail to be eliminated from the blood, destined to be thrown off as waste matter, the healthful condition of the circulating fluid is altered, and consequently the harmonious working of the system disturbed. The impure fluids or those particles which have not been excreted, as well as those that have not been appropriated, remain in the system, and are often deposited on some feeble or imperfectly nourished organ, making it a sort of reservoir for the accumulation of these fluids. Now what is the operation of nature, when she is successful in relieving the system of this source of disease? The facts are familiar to us all, that one disease is often removed on the supervention of another, and that the exception to this truth seldom occurs, when the substituted disease is

connected with a drain from the part of the system affected. Tubercular disease of the lungs is frequently cured by the supervention and continuance of fistula in ano, or some other suppurative discharge. Many diseases of the internal organs get well on the appearance of a cutaneous eruption, or a succession of boils; diseases are suddenly arrested by a critical discharge; a monthly hemoptisis sometimes occurs in place of the menstrual discharge: cervical abscesses have been known to cure hydrocephalus, &c.

Taking the above view of the operations of nature, the idea that naturally suggests itself is, to establish in imitation of nature, an artificial drain from the body, which in the same manner shall remove these retained matters, which are acting as poisons to the blood.

This principle holds good also in our treatment of the products of inflammatory action in any part of the system; and accordingly we find blisters and issues of benefit after the acute stage of otitis, iritis, pleuritis, and kindred diseases. We are accustomed to take advantage of this principle in administering cathartic and diuretic medicines in typhus and malignant fevers, as well as in those of a more sthenic character, which are attended by a general diminution of the excretive function. On a similar course of reasoning we discriminate in our application of the various caustics to the diseases of the uterine cervex. In that form, which consists in a simple ulceration of the mucus membrane of the cervex, and os, with little or no induration of the submucous tissue, we find much benefit from the application of the Lunar Caustic. This stimulates the circulation of the part to a healthy action, at the same time that, by coagulating the albumen of the tissue, it forms a bland coating or poultice over the part, thus facilitating the cure. But in those cases, which are met in the married more frequently, where, with the state above described, there is connected an engorged and indurated condition of the body of the cervex and the posterior wall of the uterus, attended by chronic leucorrhea, and more or less prolapsus, we must resort to other measures for a cure. No course of treatment has proved so successful as the application of the Caustic Potassa, repeated at intervals sufficient to keep up a continual discharge or drain.

But with these facts we are all familiar: I will, therefore, proceed to the consideration of some of the chronic diseases of an asthenic character, which more properly depends upon arrested secretion or excretion. Here we have found the issue of peculiar benefit. Take for example a cold or catarrh—one of the most frequent affections in our climate. The function of the skin is arrested by the exposure to

cold, and particles are thrown back into the circulation that ought to have been eliminated by the cutaneous excretion, and this retained excretion becomes a poison, and it is as virtually so as if it were a poison introduced from without the system. Now, what is the result? Nature sets about to relieve the system of this poison in the blood; and the different parts of the respiratory mucous membrane become a vicarious emunctory for this suppressed cutaneous action, and the inflammation connected is, no doubt, in a great degree the result of the presence of the morbid material in those parts. The treatment, in a recent case, is plainly to restore the functions of the skin, which may be accomplished by diaphoretics, diluents, warmth, &c.

But suppose this state of things lasts for months, or even years, producing a chronic catarrh or bronchitis; in this case, the diaphoretics, &c., will, we know, accomplish little; the vicarious excretion still continues, and with it the inflammation, produced by its presence in the mucous membrane. Suppose, further, that this occurs in a person of scrofulous constitution, or imperfect assimilating organs; then tubercular matter is accumulated upon this already weakened part, producing still more extensive inflammation. This inflammation is attended by the softening, and of course, the ultimate expulsion of the tubercular matter, often effecting a cure of the disease by nature, in the same way that scrofulous matter is removed from the cervical glands, by the ulceration and dissolving of tubercular matter in them. The lungs would doubtless often be cured spontaneously, were it not the fact that, while scrofulous matter is being removed from one part of the lung, it is multiplied in another; till at length death ensues as the consequence. I believe that there is no means within the reach of the physician that so certainly fulfills this indication—to prevent this multiplication of tubercular deposit—to divert this vicarious excretion as an artificial drain from some other part of the system, properly regulated, and properly applied.

From what has been said, it is apparent that persons of a scrofulous diathesis are the class of cases that are most benefited by the use of issues; and if a cure is not effected, I think we can safely adopt the language of an eminent medical writer, who says, "If we can venture no further, we may unhesitatingly assert that we have seen the issue retard the progress of tubercular consumption. They seem in these cases to act as safety valves to the system; letting off any incipient disposition to inflammation, and thus, without much impairing the strength, enabling the body to bear tonics and a more generous diet, than it would otherwise support."

"The plan of introducing issues," says Mr. Liston, "has rather gone out of fashion: but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. Nature often seems to establish them for the prevention, relief, or cure of internal diseases."

Says Dr. C. J. B. Williams, Cyclopedia Prac. Med., "When energetic, these remedies (Issues) are of great utility in chronic inflammations of various kinds. If any distinction can be made as to the kinds in which they are the most serviceable, it may be suggested that the *circumscribed textural inflammations* of *viscera* are *peculiarly benefited* by *their use*. When of more moderate form, and secreting serum, they act rather as evacuants, and have been, not unaptly, compared to a new secreting gland in the system."

I have found the issue of decided use in all chronic inflammations, where the vitality of the system was not too low, and particularly in disease connected with a scrofulous diathesis; the violence of its action being varied to the condition and strength of the patient, and the kind of issue to the indications to be fulfilled.

If issues are of so much service as a remedial agent, it becomes a question of practical interest to ascertain what are the best and most efficient issues, and what is the best mode of their application. Nitric acid makes a good issue; yet there are strong objections to its use; it destroys the cellular tissue of the part to which it is applied, making the character of the discharge different from that obtained from the surface of the skin, and cannot be sufficiently often repeated to obtain its beneficial action, by the absorption of its acrid principle. Yet, when a counter-irritant alone is wanted, it is efficient; and cases that have come under my own observation might be related, where it has been evidently of the greatest benefit. Caustic Potassa or Vienna Caustic also makes a good issue; yet its objections are the same as those of the acid. Chloride Zinc paste does well in the production of small issues; but it is intensely painful, where a large surface is covered, and somewhat uncertain in its action. The same objection may also be urged against it that applies to the Nitric Acid issue. The same also applies to setons, and all discharges where the application does not require frequent repetition to keep up the discharge, and where the discharge is produced from the destruction of tissue. Of the vegetables that are used in the production of an issue, the Croton Oil is admirable in some cases, though hardly active enough in severe disease. The Mezereon the same. The root of the Arum or Indian Turnip, and seeds of the Skunk Cabbage have been tried; but there is hardly

sufficient data to pronounce authoritatively concerning them. Some of the species of Rhus, particularly the Rhus Radicans or Poison Ivy, have been proposed; but their action is too uncertain, and effects many persons too violently to make them either safe or reliable. The roots of several species of Ranunculus have been tried for this purpose. The R. Acris and R. Sceleratus, which are among the most common species, do not seem to act with much efficiency. They produce a sore and a serous discharge, and as stimulants and counter-irritants, no doubt are of service where a drain from the system is not needed. The Ranunculus Bulbosus is much more efficient, and in my opinion, makes the best article, to produce the three-fold action of the issue, that our Materia Medica affords.

There is evidently a marked difference between the action of issues produced by the destruction of cellular tissue to a greater or less depth, and those, the discharge of which is obtained from the papillæ of the true skin, the latter being, as a general thing, alone beneficial in those diseases of debility we have just been considering. This we may readily understand when we consider that the action of the deep-seated issue is followed by the efforts of nature at repair, requiring an expenditure of vital force, wholly incompatible with the wants of the enfeebled organ. Here we claim to be the peculiar advantage gained by the use of the latter class of issues, and especially of the Ranunculus,—that we secure all the therepeutic effects we have before attributed to this class of remedies, especially that of a stimulant, with but little depression, or exhaustion of the vital force.

A very fair description of this plant (the Ranunculus Bulbosus,) may be found in the United States Dispensatory.

I have used this article for many years, and in a great variety of cases and diseases where the inflammation was of an atonic character, and can bear testimony to its value. True, I have found an occasional case, where its action was too violent; but this has been rare. Generally, the application, particularly in persons of a scrofulous constitution, has been attended with febrile symptoms for a few hours, passing off, in many cases, with pleasant exhiliration; patients often expressing surprise that they felt so much better and stronger than they had for a long time previous. Cases have been of frequent occurrence in my practice, where I have been called upon to apply the Ranunculus issue, to relieve the individual of a feeling of prostration, the patient claiming that the issue applied, perhaps months or years before, so much increased the strength that they are anxious to make another trial.

In applying this article for the purpose of making an issue, it is necessary that the plant should be used in its green or fresh state, as the acrid principle is lost by drying, or by the application of heat. My mode of making the application is simply to apply to the part I wish to vesicate, the fresh bulb, bruised, letting it remain on four, six, or eight hours. After its removal, I make application of plantain, beet, or cabbage leaves for some twenty-four hours; then remove the cuticle, and dress the part with some mildly stimulating plaster. I generally use the Emp. Galban. Comp. The purulent discharge is kept up for ten days or two weeks, when another application is necessary, if it is desirable to continue the discharge.

In ascertaining what is the best article with which to make an issue that will produce the effects desired, the question naturally arises, what is the best location for its application?

If the action of the issue was to counter-irritate, to act simply as a derivative or revulsive, there would be great propriety in making the sore as far as possible, even, from the diseased part. But experience proves the contrary—that their value is in proportion to the nearness of the issue to the part affected. Hence in diseases of the lungs I invariably apply my issue to the inside of the arm, that portion being anatomically much nearer to the part affected, than if applied directly to the chest, over the lung diseased, the arm on which the application is made corresponding with the lung affected; in all cases, seeking where it is convenient, to apply the issue as near as possible anatomically to the part diseased.

In proof of the value of the issue, and particularly that of the Ranunculus issue, as a remedial agent in the cure of disease, I crave your indulgence while I relate a few of the many cases treated by this means, combined with the use of mild tonics, which are generally given in connection.

Case 1. Mrs. P. I.—Inheriting a scrofulous constitution, she had, for about one year, been the subject of a severe and troublesome cough; mucopurulent expectoration, and frequent slight attacks of hemorrhage; almost constant pain in the left side.

Treatment. Application of issues of Ranunculus to left arm, producing for the first few hours a very active febrile disturbance, passing off pleasantly, and followed by a free discharge of fetid matter. A free use of porter and generous diet. The issues were frequently repeated for about six months. The discharges became less fetid, and health gradually improved, till she was discharged well. This was in the summer of 1852; since which time she has enjoyed very good health.

Case 2. Mrs. C. G. aged 34. I was called to visit this case in the Spring of 1855. Of a scrofulous diathesis. Two years previously, a tumor had been removed from the left breast by a celebrated cancer doctor. This he pronounced cancer; and it was removed by the application of caustics. She had for the last three months been undergoing a course of dosing, by one of the same class of doctors, for consumption. I found her with a frequent pulse, hurried respiration, pain in right side, severe and troublesome cough, with expectoration of mucopurulent matter, often streaked with blood: had had frequent turns of slight hemorrhage from the lungs, emaciation going on rapidly, extreme debility, being hardly able to walk across the room. This patient had taken so much medicine that she was averse to taking more, as the stomach had become so irritable, that it had been rejected for some little time previously; and during my whole treatment, the only medicines given were small doses of subnitrate Bismuth in infusion of Colombo, for the purpose of allaying that irritability. Applications of the Ranunculus issue were made to the arm, which produced the usual febrile excitement, passing off pleasantly in a short time. The suppuration was copious, with an offensive smell at first, during the discharge, which continued for a little more than two weeks. She rapidly gained strength; the cough lessened in violence; expectoration, also, became much less. The discharges from the arm were kept up for about three months; the applications being repeated as often as necessary to keep up a discharge of matter. She was then dismissed, calling herself well. Since that time to the present, she has enjoyed very good health; having called on me about a year afterwards to make an application of the "plant" to the arm, as she felt weak, and knew by experience that it would give her strength.

Case 3. In the Spring of 1858, I was called to visit a young man aged eighteen years, laboring under Hemoptisis. He had discharged large quantities of blood previous to my arrival. Acting on the principle that the character of the hemorrhage required stimulants to the part diseased, turpentine was administered by the mouth, and an issue applied to the arm. After the hemorrhage subsided, mild tonics were given, and continued with the issues for a long time. Frequent examination of the chest revealed quite extensive tubercular deposite in the right lung. This, together with the fact that two members of his family had died of phthisis, gave the case a very unpromising character. The treatment was continued for several months, and as much exercise in the open air enjoined, as could be borne. At this time,

May 20, he is in tolerable health, and able to labor as much as usual. Auscultation gives evidence that tubercular absorption has taken place.

Tubercular disease is, it has been said, a disease of diminished nutrition and weakness, and of course requires a general invigorating and supporting system of treatment; yet at the same time, it is an established fact, that in the immediate vicinity of tubercular deposit, there is a greater or less amount of inflammatory action, involving the adjacent structures. This inflammatory action, it is believed, is relieved by the Ranunculus issue, on the principles of counter-irritation, which, at the same time, stimulates the disintegration of the tubercular matter, that is already formed, and, by the drain from the circulatory system, removes this disintegrated mass, with other morbid matters, from the circulation, which in time, would be added to the mass already formed.

Case 4. E. R., a child two years old, came into my hands in April, 1846. It had been treated for scrofulous ophthalmia most of the time for one year. For the last six months the mother had been confined to a dark room with the child, as it could not bear the light. I found it impossible to make a satisfactory examination on this account. I discovered that the cornea of both eyes was partially covered by the effusion of lymph.

Treatment. An issue applied to the back of the neck by means of caustic potassa; generous diet; and as much exposure to light and air as could be borne. In one month the child was about, without a covering to the eyes; and at this time is a healthy person.

Case 5. Mrs. W. S., aged 44. A large and modulated swelling of the right breast. It had been pronounced schirrous by a physician, who had previously examined it. Treated by repeated issues of Ranunculus, mild tonics and alteratives. In three months the swelling disappeared, and has not returned. The woman is healthy.

Case 6. Mrs. P. First visited her in the winter of 1854. Had been troubled with cough and bronchial irritation. For several years since an attack of measles, that did not "come out" properly: but her symptoms had been greatly aggravated from taking cold, some six weeks previously. The disease was attended with loss of voice, an almost constant and harassing cough, and muco-purulent expectoration, frequently streaked with blood. There were no positive signs of the presence of tubercles in the lungs; as auscultation revealed only mucous and bronchial rales over both lungs, with very slight dullness, and prolonged expiration under the left clavicle: although she presented many of the rational signs of tubercular consumption. There was

evidently follicular inflammation of the pharyngeal membrane, extending beyond my power of examining; and believing this a good case for the topical application of a solution of nitrate of silver, I made trial of it thoroughly and perseveringly, and with the greatest confidence in the success. After a few weeks trial it was abandoned, and the Ranunculus issue made use of and repeated for some four or five months, when her health being so much improved, treatment was discontinued. Since which time she has enjoyed comfortable health. Once or twice in the time, she has asked for a Ranunculus issue, as she was beginning to have some of the old feeling about the throat.

Much has been said and written in favor of inhalations and the topical application of nitrate silver in Phthisis, and Bronchial and Laryngeal diseases. In allaying the irritation of the part to which they can be applied, their use is undoubted and important; and I would accord all honor to those who have made these discoveries and perfected the plan for application. But in comparing facts with the theories that are put forth, and observing that when chronic diseases of the character to which I have referred, are decidedly improved by remedies, there is such marked evidence that these remedies act through a general, rather than a local influence, that the argument is strengthened by these observations, that these local developments are the result of constitutional affection, rather than local diseases with sympathetic constitutional disorder, and are not, and can not be cured by these topical applications alone.

The following is from a practicing physician of this State:

"You ask the result of my experience in my own case, as to the utility of the issue. As you are aware, the issue was inserted as a remedy against the recurrence of a urino-genital inflammation, to which I had been subject, as well as a state of general plethora. The effect on both these has been decidedly beneficial; and from an early period after its insertion, which is now more than two years, to the present, I have had but little of my former trouble. An old chronic cough, with which I have been more or less harassed for more than twenty years, has been materially benefited; and for a year or so past my general health and strength have been better than for many years; and I have scarcely taken a cathartic since the insertion of the issue, although I formerly found it absolutely necessary to do so very often."

Repeated cases might be related illustrating the remedial effects of various kinds of issues; such as blisters, kept discharging by Savine

Cerate, Caustic Potassa and Lime, Setons, Croton Oil, Tartar Emetic Ointment, &c.

But I forbear, craving your attention but a few moments longer, to the following deductions:

1st. If the doctrine of counter-irritation be true, and I think it would be an herculean task to controvert it, it then follows that in diseased action or rather inflammation, where the indications are to produce revulsion or counter-irritation, those articles should be selected that produce no stimulating effect upon deep-seated organs by absorption, but act directly and solely upon the parts to which they are applied; such as the Seton, Actual Cautery, Hot Water, &c.

2d. If it is true that the acrid principle of counter-irritants is absorbed and acts on deep-seated parts in the same manner that stimulating applications operate on superficial parts, of which there is evidently abundant proof; it then follows, that in diseases of mucous membranes, tubercular exudations, and all inflammations of an asthenic character, will require for counter-irritants those articles of which a greater or less amount of acrid principle will be absorbed.

Though the probable theoretical action of the issue as a stimulant has been hinted at, yet facts strongly denote that they do more. By their stimulant effects to the terminal lymphatics of the skin, it is more than probable that they excite the glandular and lymphatic systems to a healthy action, and thereby prevent the formation of scrofulous matter in the system. The lymphatic system failing to perform its office, as it does in scrofulous disease, the indication in treatment is plainly to find some remedies that will restore its normal action, and facts point to the stimulant effects of the issue as one of these remedies.

3d. If the doctrine be correct, that disease is produced by faulty nutrition and excretion, and that thereby morbid matters remain in the circulation, acting as poisons, or are deposited on some imperfectly nourished organ, producing destructive inflammation, the indications are plainly to remove this morbid matter from the system; and without a theory even, facts abundantly prove that a suppurative discharge or drain from the circulation, does very often, certainly and speedily, fulfill this indication.

SANITARY REPORT.

Read before the Hartford County Medical Society, April 21, 1859.

Mr. Chairman and Gentlemen:—The Sanitary Committee of Hartford County for the year 1858, would respectfully report:

That they have endeavored to obtain such information, relative to the objects for which they were appointed, and would qualify them to present some statements that would be of value to the society. The customary circulars have been sent to all the members of the society, requesting each one to furnish a statement of the mortality in his own town or parish, together with an account of any epidemic that may have prevailed, or unusual sickness, or whether it has been a year of health; also to forward such observations in regard to the causes and character of the diseases, and the hygienic condition of the town as might occur to him. There was also a request made that such cases as were deemed important might be furnished in detail. Your committee have urgently solicited members, by letter and personally, to comply with the above requests.

They would not impute it to a lack of interest in these matters on the part of the profession generally, that in so many instances no response has been made to these inquiries, but rather to an aversion to the use of the pen; for they cannot believe any member of this society to be indifferent to whatever is calculated to promote the health of the community, or unwilling to do what he can to remove the causes of disease and mortality. But when the attention is directed to the matter of stating facts, in regard to diseases and their causes, the physician is too much inclined to excuse himself from its performance.

What is wanted is not an elaborate essay, but a simple statement of facts, such as would show the relative amount of sickness and mortality, compared with other places, and the same place in different years.

It is due the society, however, to state here, that during the five

years in which this subject has been brought before its members, several reports, some of much interest and all of value, have been made relative to certain localities, giving important information respecting the mortality, amount of sickness, causes of disease, and, in a few cases, the topography.

It is to be hoped that hereafter much more definite information may be furnished, and that every member of the society will feel himself obligated to contribute something for the promotion of this object.

During the present year reports have been received from Drs. Moody of Plainville, Warner of Wethersfield, and Hart of Southington. Although these are not as full as might be desired, they furnish valuable facts in regard to their respective places.

Through the politeness of Mr. Hoadly, State Librarian, access has been had, as on a former occasion, to the mortuary returns as made by the registrars of the several towns. Access has been had also to the tables prepared by himself, showing the number of deaths that have occurred in the county during the year, also the number from each town, and their causes, arranged according to their respective classes.

From these returns, we find the whole number of deaths occurring in the county during the year 1858 was 1316,—677 males, 706 females; 13, sex not stated. Excess of females 29. There were under one year of age, 284; from 1 to 5 years, 230; from 5 to 10, 56; from 10 to 20, 75; from 20 to 30, 165; from 30 to 40, 109; from 40 to 50, 92; from 50 to 60, 84; from 60 to 70, 89; from 70 to 80, 112; from 80 to 90, 71; from 90 to 100, 14. More than one-third were children under five years of age.

The number of deaths from zymotic diseases was 329; from diseases of uncertain seat, 120; nervous organs, 175; respiratory organs, 334; circulative, 52; digestive, 72; urinary, 7; generative, 34; locomotive, 9; integumentative, 4; old age, 70; violence, 63; making total of known causes, 1269. Unknown, 83; stillborn, 44. Total, 1396.

The whole number of deaths reported for the county for 1857 was 1318,—males 667, females 626, not stated 25. From zymotic diseases, 350; of uncertain seat, 123; the nervous organs, 178; respiratory, 306; circulative, 34; digestive, 61; urinary, 3; generative, 18; locomotive, 10; integumentative, 4; old age, 53; violence, 48. Total of known causes, 1188. Of causes unknown, 98. Stillborn, 32. Total, 1318.

It has been remarked that the prevalence or absence of zymotic diseases is a good index of the sanitary condition of a place. The causes of death included in this class were of cholera, 1; cholera in-

fantum, 70; croup, 42; diarrhea, 16; dysentery, 17; erysipelas, 11; fever, 3; typhus fever, 58; hooping cough, 2; influenza, 2; measles, 7; scarlatina, 94; small pox, 3; syphilis, 1. Total, 329. Total for 1857, 350;—being 21 more than the present year. The deaths occurring from contagious diseases are much less numerous than in 1857, with the exception of scarlatina which was nearly the same. This latter disease appears to have prevailed more particularly in the northern towns bordering on the Connecticut river. Enfield reports 14 fatal cases, Suffield 9, Windsor Locks 6, and Hartford 38.

Typhus fever prevailed in Manchester during the Autumn. Many cases of a grave type are reported to have occurred. It is to be regretted that no more definite account of this epidemic could be obtained.

The number of deaths from affections of the respiratory organs is considerably greater than for 1857. In 1858 there were 334, in 1857, 310. This increase is due to consumption which has caused 219 deaths for the last year against 188 for the preceding. Pneumonia, on the contrary, produced 84 against 105.

Last year your committee called attention to the fact, that, of deaths from consumption, the per centage, based upon the number from known causes, in the towns bordering upon the Connecticut river, with the exception of Hartford, was nearly or quite double that of the more hilly portions of the country. The returns for the past year show a different result. The per centage is greater for the towns remote from the river than for those bordering upon it.

The percentage for Hartford is 12.50, for other river towns taken together 15.18, whilst for all others in the aggregate, it is 19.95, the average for the county being about 17. "Of course it is not safe to estimate the amount of sickness in a given place by the number of deaths that have occurred, or to judge of the particular forms and character of disease in this way, for the greater portion of the sickness that exists does not prove fatal," and it is not always true that the amount of mortality bears any just proportion to the number of cases of disease; still, as a general thing, "the number of deaths does bear a constant proportion to the amount of sickness, and the study and analysis of mortuary statistics, in connection with other sources of information, furnishes most valuable knowledge in relation to the sanitary condition of a place from time to time."

Hartford has presented but little sickness of much severity during the past year. Most cases have proved mild and amenable to treatment. It will be remembered that the small pox made its appearance here as an epidemic in the Autumn of 1856, and continued as such

through the year 1857. Cases of this disease occurred during the first quarter of the year 1858, a few of which proved fatal. Since that time the city has been free from it.

Scarlet fever was somewhat prevalent during the earlier part of the year, generally of a mild type. As the weather grew warmer there was less of it, very few cases occurring till late in the Autumn, when it presented itself in the north-west section of the city, manifesting a more malignant character. A larger proportion of the cases proved fatal. The disease showed very little tendency to spread beyond a very limited space.

Diarrhea, dysentery, and cholera infantum were not at any time very prevalent. Cases which did occur were generally mild. The comparative freedom from this class of disorders was, no doubt in part, due to the mild weather. The season was free from extreme heat, with the exception of a few days in June, and was not subject to sudden and great changes of temperature. Copious showers of rain were not unfrequent, and the streets and gutters of the city were in this way thoroughly washed and cleansed, thus purifying the atmosphere from noxious effluvia. Another circumstance worthy of notice is that there was no freshet during the year sufficient to submerge the lower portions of the city and the surrounding meadows, as is usual, especially in the Spring.

There are other causes which should not be overlooked in considering the sanitary condition of the city, such as the improvement in drainage by the introduction of sewers into most of the streets, and by the raising of low portions, thus carrying off the water which formerly remained stagnant.

The introduction of the Connecticut river water, furnishing not only a pure beverage, but an abundant supply for purposes of bathing, purifying conductors, drains, &c., has, unquestionably, done much for the removal of unhealthful influences.

The chairman of the health committee has by his constant vigilance and untiring labors, contributed largely to the promotion of the public health.

Dr. Warner, of Wethersfield, writes that an epidemic worthy of notice, prevailed to some extent during the first five months of the year. It was a fever of a low typhoid type, usually attended (not invariably) by pneumonic symptoms. These were often so slight as to be totally disregarded in the treatment. The subjects of it were usually enfeebled by age or other causes. The disease was probably typhoid pneumonia, the other cases of fever, not implicating the lungs, being

from other causes, but assuming in common with pneumonia, a typhoid form. The mortality was large. The remainder of the year was remarkable only for its freedom from epidemics. There was almost a total freedom from the bowel complaints, &c., incident to the warm season.

Dr. Hart of Southington, reports the number of deaths in that town for the year 1858, as follows: In January, 7; February, 3; March, 6; April, 5; May, 3; June, 5; July, 3; August, 5; September, 8; October, 8; November, 4; December, 7. Total, 64. Males, 26, females, 38.

By far the most prevalent disease is consumption, being the cause of *one-third* of the deaths in the town in the last year. Do you ask why is this? I answer, there are three reasons: 1st. Hereditary predisposition; 2d, Climate; 3d, Intemperate living. The last is, doubtless, the most exciting cause of consumption, and of disease generally.

Dr. Moody, of Plainville, writes that the report which he makes covers a territory of about two miles square, situated upon a level tract of land, formerly called the Great Plain, in the south part of the town of Farmington, and numbering about a thousand inhabitants. He reports four deaths by typhoid fever, three of which were under Homeopathic treatment. The other case, a child of four years, terminated in congestion of the brain. One week previous to its death, its back was covered with an eruption, somewhat resembling chicken pox. The pock were filled with a dark, sanious fluid, which burst, making the back very sore.

During the year, three cases of varioloid occurred in one family. For the first three months, diseases of the respiratory organs were prevalent; the rest of the year was unusually healthy.

There are many points of interest which should be considered in looking at the sanitary condition of the county, such as the influence upon health of different occupations, manner of living, diet, ventilation, the effect of streams, humidity and dryness of the atmosphere, altitude, management of schools, &c., which must be passed over, for lack of that information, which can only be supplied by the physicians living in the several towns. It is very desirable that your next committee may be able to present a more full report on all these subjects.

All of which is respectfully submitted.

A. W. BARROWS, M. D., *Chairman.*

A REPORT ON REGISTRATION.

Read before the New Haven County Medical Society, April 14, 1859.

At the Annual Meeting of the New Haven County Medical Society, held at New Haven, April 9th, 1857, the following resolutions were adopted:—

Resolved, That a Committee of three be appointed to take into consideration the present state of the healing art in this County; collect all the facts in their power, which are calculated either to promote or retard the advancement of Medical Science and sound practice, to receive and collate such facts and reports as may be made to them by individual members of this Society, and make report at the semi-annual meeting.

Resolved, That it shall be the duty of each and every member of this Society, to keep at least a brief record of all cases occurring in his practice, depending upon endemic or general causes, and make an annual report to the above Committee, giving the number or per-centage of the different diseases occurring each month, together with the particular type of each disease, the chief modifying circumstance under which it occurred, the general plan of treatment, and the result of the cases.

B. H. Catlin, L. N. Beardsley, and P. G. Rockwell were appointed a Committee on the above Resolutions.

At the Semi-Annual Meeting, the Committee were directed to address a Circular to each member of the Society.

To the Members of the New Haven County Medical Society:

GENTLEMEN:—The Committee appointed at the Annual Meeting, April 9th, 1857, to take into consideration the state of the healing art in this County, collect facts and reports from individual members, in accordance with the prefixed resolutions, would respectfully report:

That, in obedience to a resolution passed at the semi-annual meeting held Oct. 8th, 1857, they prepared and forwarded to each member in

the County, a Circular, urging upon the members the importance of making a registration of the diseases and accidents treated by them during the year 1858, with the treatment, and the result of the cases. They gave encouragement that blanks should be forwarded for the returns, but it was ascertained, after making suitable inquiries, that the expense would probably be more than the Society would willingly incur; besides, it was anticipated the State Society would provide them for the whole State.

At the Convention at Waterbury, the Secretary was directed to procure blanks from the New York State Society. It was found, on inquiry, that a number sufficient to supply each member of the Connecticut Medical Society would cost over fifty dollars, and as there were no funds in the treasury, to meet the expense, the Secretary, after consulting with the other officers of the Society, declined purchasing the blanks.

The Chairman of this Committee, being desirous of reminding the members of their duty to report their cases, prepared (upon his own responsibility) a short circular and printed heading, which, pasted upon large sheets of paper, might have answered a temporary purpose for making out returns. These were forwarded by mail to each member early in January, 1859, but the Committee regret to say that no returns have been made.

Had this plan of registration of diseases been the original suggestion of the Committee or the Chairman, we might, from the entire want of response to our appeals, be inclined to suppose that we were entirely mistaken in regard to the propriety of the measure, and conclude that it was a Quixotic scheme, one not capable of being carried out in practice.

It will, however, be recollected, that this plan was recommended by a Committee of the American Medical Association, A. B. Palmer, M. D., of Michigan, Chairman, and fully endorsed and adopted by the Association.

Its practicability has been demonstrated* by the experience of T. C.

* Headings of the Register used by Dr. Brinsmade, in the Registration of diseases.

Date.	Name.	Age.	Sex.		Occupation.	Color.		Nativity.		Habits.		Disease.	Cured.	Duration.	Remarks.
			M.	F.		W.	B.	U. S.	F.	T.	INT.				

NOTE.—These spaces, when prepared for use, should be wider than here represented.

Brinsmade, M. D., late President of the New York State Medical Society, who has kept such a record for over thirty years, and has published the results of twenty-one years, properly arranged in appropriate tables. The Committee have procured a copy of the blank used by Dr. Brinsmade for his daily record, and the blank tables prepared by a Committee of the New York State Medical Society, which are before you for examination. This Committee reported at the annual meeting held at Albany, February, 1858, as follows:

"Your Committee beg leave to report in brief, that they have fulfilled the requirements of the resolution under which they were appointed, namely, to prepare and distribute a suitable form of blanks for the registration of medical and surgical statistics of this State.

"It has been gratifying to the Committee to witness the favorable reception which has been extended to the project by the medical profession of the country. Application has been made for a copy of these blanks from nearly every State and voluntary Medical Association in the United States, for the purpose of introducing the system of registration which we have adopted, into their respective organizations.

"It is to be hoped that the present favorable opinion thus expressed of the enterprise, will be continued and extended until the plan, or a suitable modification of it, shall be adopted in every section of this country.

"The subject of statistical medicine and surgery, in fact, of registration generally, is beginning to occupy the attention of the profession in a more serious manner, if possible, than at any former period; and not only has the medical profession been aroused to the importance of the subject, but in every department of science we perceive an interest awakened in its behalf."

We learn from these extracts, the state of feeling in other parts of our nation.

The complete failure of the entire profession in this County to comply with the prefixed resolutions, is an evidence, not of the folly of the measure, recommended by the National Association, but rather an evidence of the lamentable incubus resting upon the members of this Society in regard to this method for medical improvement. Members may say, we have never been supplied with blanks, and how can we be expected to make records and returns? On the other hand, it may be said, what society, what individual, will supply blanks, with the reasonable expectation that they will be thrown aside as waste paper? Let us first see a disposition manifested by the members to do some-

thing; to commence the registration, though it be in a very imperfect manner; then the blanks will be forthcoming.

Most physicians, when they commence a registration of disease, undertake more than they are able to carry out in practice, become discouraged, and give up in despair.

The record made in the blanks used by Dr. Brinsmade, it will be observed, is very brief, ascertaining only a few facts in relation to each case of disease, but when kept for twenty or thirty years, is very valuable. The physician who makes this simple daily record of every case under his care, will be inclined to make a more full record of cases of unusual interest occurring in his practice. The blanks for this record should always be before us at night, as we sit down to make our charges for the day. If only ten physicians in this County would commence this registration, and one of their number collect and arrange them in appropriate tables, others would soon be stimulated to enter upon the good work.

The prefixed resolutions require your Committee to collect the facts which are calculated to promote as well as retard the advancement of medical science and sound practice. With pleasure we turn to that more agreeable part of our duty. New Haven County is distinguished above all others in the State, by being the seat of an ancient and distinguished University, and a Medical College.

The large body of professors connected with these seats of learning, together with the many eminent scientific men attracted by the influence of these institutions, to settle in their vicinity, bring within our county more learned men than can be found in any other in the State.

These all have an important influence upon our profession, and the medical professors are active and efficient members of our organization, and give their influence in our favor.

It is desirable that they should understand more fully the amount and power of their influence, and exert it more frequently and powerfully for the advancement of the interest of this Society.

The establishment of railroads running in every direction from the capital, penetrating almost every town and village, rendering it comparatively very easy for each member of the Society to attend our annual and semi-annual meetings, ought to bring the whole profession together, with only here and there an exception, instead of absence being the rule, and attendance the exception.

It is the custom of this Society to appoint for each meeting two or more dissertators. This has brought out many interesting, instructive, and useful dissertations. The two read at our last annual meeting

require a particular commendatory notice, and we are happy to see them published with other proceedings of our State Society.

If all our members would attend to their appointments as dissertators, we should have an abundance of useful matter brought before us for our consideration. But unfortunately the failures are more frequent than the performance.

Were every member of this Society fully aware of the distinguished privileges which he enjoys, and the obligation resting upon him in consequence of these privileges, we should witness more earnest endeavors to promote the best interests of the profession.

We should find members more willing to accept of appointments upon Committees where real earnest labor is necessary to collect statistics, investigate new and dangerous diseases, collect facts and make reports in regard to sanitary reform, meteorology, and other kindred subjects.

Nothwithstanding the superior advantages we enjoy in this County, we are, in the opinion of the Committee, losing our high relative position, and soon, instead of being at the head of our profession in our State, we must take a secondary position.

Such a supposition is too humiliating to be indulged. Let us rather arouse from our lethargy, be true men, faithful physicians, and ardent philanthropists.

If your Committee have mistaken the right course for action, let others more wise suggest some more feasible and appropriate field of labor. At all events, let us by all means do something more, the coming five years, than we have the last, for the advancement of science and sound practice.

It is proper to state in this place, that the Chairman is solely responsible for this report. The assistance of the other gentlemen on the Committee was gratefully accepted in the preparation of the circular, and their aid in the preparation of this report was solicited but not obtained.

Respectfully submitted,

B. H. CATLIN, *Chairman.*

West Meriden, April 14, 1859.

A POEM,

Read before the New Haven County Society, April 14th, 1859.

BY H. W. PAINTER, M. D.

SHADES of Parnassus! animate my muse;
We've special business and no time to lose;
'Twas but this morning I received by mail
From clerk, John Nicoll, this astounding tale:
"Dear Sir: I write, (with all the usual greeting)
To tell you, at our semi-annual meeting
You were condemned to read a Dissertation
Before the gathered Sachems of our nation;"
Which, in plain English, means about like this—
Dear Sir, &c.—as our custom is,
At all our annual meetings heretofore,
To listen to some medicated bore,
We shall endure, as quiet as we can,
Your peroration on the ancient plan;
So, complimented by your kind intention,
I shall proceed some incidents to mention
In Life Professional, its joys and trials,
Its oases of bliss, its desert self-denials;
We'll talk, for once, of what we know about,
A novel theme, there can be little doubt;
And if Pegasus, as he verseward goes,
Should in his march just graze some tender toes,
Smile with the rest, if tender, do not show it,
Be sure that you and I are all that know it;
Should I, a Painter, sketch and not make hits?
Should you be cross at some particular fits?
Should not true drawing give both domes and huts?
Are not all gems illustrated with *cuts*?

Let 's promise then to neither fret or fume or
Be disconcerted at a little humor;
Take pleasant jests as every doctor should,
And give your mite unto the general good.
Now, since each poem should have one apology,
Mine is, I think I should have learned theology;
The amount of scripture, in this poem quoted,
Will prove, at once, I should have been promoted;
Weak eyes, which spoiled a thorough education,
Were in my favor in the other station,
No Parson *sees*, in prayer however fervent,
How any minister can be your servant.
In either trade (it doth not compliment us)
I think an honest man *non est inventus!*
Here's proof; the sin of either man or madam
Is all charged over to Grandfather Adam,
Who had such load of his own sin to carry,
To find a helpmeet, he was forced to marry!
Here then is fraud, you can not say id non est,
And next take notice how the doctor's honest;
From *prudent* motives, did you never tell
Some trusting patient that she might get well,
When, in your soul, you knew that she must die?
Now, white or black, 'twas nothing but a lie!
Nor priest, nor doctor meant to be a cheat,
Each answers truly where he thinks discreet,
And though, in falsehood, were they even knee high,
Still both would plead—*necessitate rei.*

In country practice and in country study,
Bright knowledge fades and theories get muddy;
On past occasions, every body knows,
We've listened to some very prosy prose;
'Twill swell the archives of our good society
To have some prosy poetry, for variety;
And though, in pleasantry, I should abuse ye,
I'll try my best to make the rhyme amuse ye.

Stuffed with the elements of varied knowledge,
The new-fledged doctor rushes from the college,
Where he had learned, to ample satisfaction,
The certain lore of "chemical attraction,"

Of which (if all the truth must be confessed)
Miss Bingham's pupils did attract him best!
'Twas here he sought his "chemical affinity,"
And found it in a little roll of dimity;
The "atomic theory" of "combination"
May soon be settled by a new relation—
This science needs no further illustration.
And still he glances backward to those halls
Within whose ancient and time-honored walls
He learned, in days which have forever flown,
How much, alas, how little may be known.
Here Bronson opened, with his very breath,
The gates of life and avenues of death,
And gave the gaping student every key,
To healing herbs, which opes a passage free;
One tree, one fruit, by him was overpast,
It grows in climes that feel no withering blast;
Eternal spring adorns, with ceaseless bloom,
Igdrasyl green which buds beyond the tomb;
Could Bronson tell us of this other tree
In heavenly climes, which mortal can not see?
'Twas but his province to describe that fruit
Through earthly soil, that worms its carnal root;
'Twere strange indeed, if in his "classification,"
Were plants without the reach of any nation;—
Which bring the suffering *body* no salvation;
And to the doctor, nought of compensation!
He solved the riddle of the "Golden Fleece"
Slicker than Jason, slicker than all Greece,
And left the impression, that within his head,
Were worlds of good things which he left unsaid.

How was our head with modern "theory" crammed
By its Professor, him of aspect bland,
Who claimed a fact, when certain he had found it,
Like saints at Jericho, by marching round it!
Who, to defend the practice orthodox,
Struck blows at men which would have killed an ox,
Showed every theorist where he quit the track
And fairly tortured the pretending quack:
Type of the Regulars! when he said, "thus saith"—
How trembled on my tongue my "shibboleth;"

How slight the taint, how trifling error's leaven,
Which, from our sort excludes, and from our heaven;
We are reminded of good Jaky Packard,
Who stood so straight that he leaned over backward!
Abating this, we venerate him yet,
And shall until our latest sun shall set,
As one who could, in spite of beef-streaked dinner
Preserve from sleep our somnolentest sinner;
Who overcame by wit and wealth of diction
A common tending to this dereliction,
Who taught to wield an edge the most decided
On weapons which the others had provided.

How shall we speak of him whose silvery head
We followed through those halls with reverent tread?
As when the wanderer, on the billowy steeps
Recalls the cottage where his mother sleeps,
And on his ear, through all the troubled air,
Still echoes soft his mother's parting prayer,
As memory brings, through all the present pain
Her well known voice and cherished form again,
So down through all life's years of pain and joy
One form, one voice time never can destroy;
'Twas his whose eloquence alike beguiled
The man of science and the little child;
How oft we saw when duty bade the task,
A woman's heart behind an iron mask;
As surgeon faultless, as a man refined,
How taught he kindness to our youthful mind,
When, dashing by the tear that must be shed,
He cheered the sufferer on his lowly bed;
How sound his judgment, moderate his tone,
How well we learned "let well enough alone;"
'Twas thus dry science of dry bones like ours
Was clothed by Knight with beauty, as a tree with flowers.

Our recollections of anatomy
Are quite distinct, indeed they ought to be;
The earnest lecture and the dreadful quiz,
In which the heedless wight was sure to fiz,
The nervous move, the hurried search for muscle
Which just escaped a fracture in the tussle,

The quick-jerked skeleton swinging in the air,
Whose random toe once combed the Doctor's hair—
Albeit the toe was not in order there!
Who else could give so well the fat meat homily,
True "typhoid treatment," the last found "anomaly?"
Alas, in actual life we had a case,
With haughty look and agitated face
A wealthy man invited us to call
And see his wife, she was "not well at all."
And so we went; it was a mansion great
That proved its owner of a large estate;
The house was furnished with the wealth of Ind,
With all that art could make or man could find;
Our lock-jawed pocket 'gan to lose its clutch—
We make a bill, as is a bill, for such.
The lady rested in a pillowed chair,
We felt her pulse, inquired as we dare
About her head and stomach, lungs and liver,
And when we spoke of *lungs* she 'gan to quiver;
Now, on the track, we asked—what do you eat?
Are you accustomed to take much fat meat?
We overheard the staring husband mutter,
But on we went—do you *love*, really, butter?
Up jumped the husband—"Sir, is it expected
By you my pantry should be thus inspected?
I'll let you know, young rascal, that I'm able
To pay my butcher and then set my table,"—
Among the rest, methought I heard him utter
Some hasty English about "rancid butter,"
And, as behind me, quick the door he slammed,
Suggested something about "being damned!"
The dreadful Typhoid next appeared in town—
We said, "the man must eat or will run down;
Three times a day," we left precise directions,
"Must he be fed by nurse or by connections;"
He died, and true as ever teeth have met in us
He held the meat, firm clasped, as if by Tetanus!
A truce to jesting—scan the Professor now,
See research, thought, conclusion on his brow;
Witness his operations; see his knife
Cut harmless round the avenues of life,

While, through his mind, the light of every age
Shines down on us and proves the man the sage.

What words are droll enough to picture Jewett?
I'm glad (and he) 'twas not my task to do it;
To me, through all the gloom of death, appears
The rotund form and shining face of Beers;
How rich indeed must be that perfect bliss
Which adds a smile to such a face as his?
But I was born too soon, my course complete
When, 'mid Obstetrics, Jewett took his seat;
How words and women *labor* to express
The fun or pain which all his thoughts confess!
Nothing my pencil or pen avails
To point his morals or adorn his tales.

Thus, through the students' eyes, you see the sages
Who arm him, just for love of him—and wages;
Yet think not Fathers, that the boys are fools
Because they hate the discipline of schools,
But recollect, amid maturer joys,
How few the years are, since yourselves were boys!

Our hero passed a strict examination,
How well, we leave for other men's narration;
Let it suffice, he got the sought diploma
Wishing 'twere writ by Webster 'stead of Homer;
And now, where practice, in the town or city?
To "waste his fragrance" were a shocking pity;
When the arch-demon, in the heavenly band,
Refused obedience to Divine command
'Twas thus he cheered his comrades outcast driven,
"Better to reign in hell than serve in heaven;"
Thus did one hero cut the Gordian knot
Which tied his fortunes to a city lot;
Better be sun of some retired system
Than star, put out by suns that wouldn't have missed him.
So opes his office in a grove of trees
And spreads his ensign shingle to the breeze;
No quack to rival, nothing to afflict him,
He quiet waits the first incoming victim.
Male patients called, a few, not very thick,
And all that ailed them was they wouldn't stay sick;

Where were the ladies, were they always well?
Had he displeased them? how, he could not tell
At length one came, old, shriveled, all ahunch,
It would take three such to make Death a lunch;
Said she, "I thought I'd call," I'm glad you did,
Quoth he, 'tis pleasant other calls amid,
To notice now and then a lady's face,
Somehow it comes with a peculiar grace;—
Ghost of a smile, that o'er her molar bone
Essayed to creep, too weak to stand alone,—
Said she, "our girls of thirty-five and under
Sometimes need counsel, and they often wonder,
Supposing one of them by chance miscarried,
How they could have a doctor yet unmarried!
To judge of local fractures, as they come,
Do not you keep a skeleton at home?"
The doctor felt the force of the suggestion,
Nor took him long to answer to the question;
Three blue days passed, and then as large as life
The doctor's household was himself and wife.

And now, as on his wedding night he laid him down to sleep,
Without, the storm was piling snow in wierd or shapeless heap,
The future rose before his mind, rich, beautiful, and light,
As snow-wreath'd palaces that rise upon the stormy night;
All earth was clad in beauteous robe, and e'en the ground did seem,
Begilt with sunshine in the hues of joyous love's young dream;
Fair maidens danced around him or enclasped him in their arms,
And fain would waft his soul to bliss amid ethereal charms;
While on his ear soft music breathed or spread in lavish waste
Were viands and delicious food that mortals can not taste;
Fantastic temples rose around, beneath whose towering dome,
Celestial beings ministered and angels made their home;
In dream, he sought the altar with a maiden at his side,
In dream, he kissed the beauteous girl that had become his bride;
Now, as he passed the temple gate the bell began to ring,
His wondering senses seemed to hear a bell in everything;
Still at his side his beauteous bride was saying or was singing,
Oh don't you hear, my husband dear, how loud the door bell's ringing!
By night or day, in facts or visions fervent,
We're everybody's most obedient servant.

But is this all? Is life so mean a thing?
Shall it to us no higher mission bring
Than to the slave who toils from day to day,
And chafes the uneven thread of life away?
Has life no lesson through the tiresome years,
But to content us with its joys and tears?
Well might we shrink at sight of human pain,
And feel, alas, that we were born in vain;
But no, God's image stamped upon the man
Is immortality; His glorious plan
Designed that time should be the briefest dawn
Of long eternity's eventful morn;
And he, who spends his hour allotted here
In love to God and love to man sincere,
Fears not at death to bid the body rest,
'Tis but the child upon the mother's breast;
Aye love to man, and we rejoice to find
The gracious Saviour of a lost mankind,
Deemed not unworthy of his high commission
To act the part of a beloved Physician;
Pursued by Him, the Lord of life and bliss,
What other calling hath a fame like this?

Yet as among the seers of David's time,
Saul with the prophets spake on themes sublime,
Or, as among the saints before the flood,
Job noticed Satan with the "sons of God,"
So Science' priests hear shouting at their back,
Like Saul or Satan, the pretentious quack;
Whose only resource to remove life's ills,
Is flour powders or the sugar pills,
Whose only virtue, at death's dread alarm,
Is that he does, or says he does, no harm;
'Tis true, his victim sometimes may get well,
Might I the truth to such a victim tell,
I'd speak him thus: "Though the pretender shaved thee,
Like Syriac woman, 'twas thy faith that saved thee,"
And add, perhaps, as we have read before,
Deluded sufferer, "Go and sin no more."

'Twere well perchance, a moment to digress
To note the causes of the quack's success,
Nor deem it strange if we should seem to find
Part in himself while part are in mankind;
And first in him a love to cheat is seated,
Which finds in them a love for being cheated;
While to their door another charge we bring,
Athenian like, they all crave some new thing;
E'en creeds which own the least of reason's fetter,
Seem just to them and suit them all the better,
Besides, the nostrums which his fancies make,
Unlike our agents, are so good to take;
The puling son or sentimental daughter
Loves to get well on medicated water;
'Tis sweet to think that foul disease shall stop,
By breathing air from near a druggist's shop.

Thus crippled pace and halting footstep still,
Must mark our path to science' cloud-capped hill:
Youth asks of age and age returns to youth
The yet unanswered question, "What is truth?"
We think, we judge, infer, and say 'tis so,
Alas, in doubt, what would we give *to know?*
Sevastopols of theory to-day,
Besieged by facts, to-morrow melt away:
Still let it cheer us, though all theories fail,
"Truth is Omnipotent and must prevail."
With arms of faith grasp we this truth of might,
And wheresoe'er we go defend the right;
Be true to God and to our better self,
Nor sacrifice our love of man for pelf;
Let pay who can, help all, and firmly trust
For recompense, among the rising just.
Thus Faith inspires with joy life's dusty road,
And points ambition to a home with God;
Quickens Perception till with rapturous cheer,
Celestial harp-notes break upon the ear,
Opes to our mental eye the blissful goal,
And paints upon our sky the Rainbow of the Soul.

CASE OF COMPLETE LACERATION OF THE PERINÆUM.

Successfully operated on by Orson Wood, M. D., and read by him before the Tolland County Medical Society, at their annual meeting in April, 1858.

Nov. 12th, 1857, I was called upon to visit Mrs. E., a stout, fleshy, robust woman, aged 25 years. She informed me that six weeks previously she gave birth to a child, (her first) and that at the time of its birth she was "torn open," and ever since that time she had no control over her bowels, to retain either foecal matter or wind; that the womb threatened to protrude externally if she exerted herself when in an erect position. She wished to know if anything could be done to relieve her of her miserable condition. Her attending physician had left her, telling her, "it would grow up in time."

On examination, I found the perinæum completely lacerated to the anus, and the external sphincter ani muscle so nearly torn through as to be of little or no use in constricting the anal orifice. I told her that it would never heal up of itself; that nothing short of a tedious operation would relieve her of her miserable condition, and that she must make up her mind either to submit to the operation, or go through life in her present condition, with the additional trouble of having her womb come down externally if she used much laborious exercise.

After explaining to her the nature and extent of the operation I proposed, at the same time encouraging her with the prospect of a perfect cure, she was anxious to have it performed. I advised her to have the operation postponed until after the third month from the birth of the child, so that the parts shall have recovered themselves to be capable of undergoing the necessary denudation, and be sufficiently strong to hold the sutures.

Dec. 25th, 12 weeks and five days from the birth of her child, I was informed that she was ready for the operation, and accordingly proceeded to do it. The bowels having by a laxative and enema been

previously emptied, she was seated upon a table and put under the influence of chloroform. She was then placed in the same position as for lithotomy, and the bladder emptied. While an assistant seized one of the labia so as to make it tense, I made two parallel incisions with a scalpel $\frac{3}{4}$ of an inch apart, and equal to the fissure in length, through the skin into the cellular substance, the inner incision passing along the inner edge of the fissure. The next step was to dissect up the skin between these incisions, so as to make a raw surface of at least $\frac{3}{4}$ of an inch wide. A similar operation was next performed on the opposite side. Next, the mucous membrane of the recto-vaginal septum was carefully pared away. The denudation was now made perfect throughout the whole extent of the fissure. Not the smallest remnant of skin or membrane was left on the parts intended to be united.

This part of the operation being completed, the next step was, with fore-finger of the left hand in the anus for a guide, to introduce a blunt pointed bistoury into its margin, and then with a firm and quick incision I carried the bistoury outward and backward towards the os coccygis, making the incision about two inches in length, and deep enough to divide the skin, subcutaneous areolar tissue, and the sphincter ani muscle. A similar incision was next made on the opposite side so that the sphineter ani muscle was completely divided on both sides of the anus, which incisions were in the form of the letter V.

I next proceeded to insert the quilled sutures. With the thumb and finger grasping firmly the left denuded surface, a strong needle armed with a double thread of stout twine, well waxed, was plunged through the skin and subjacent tissue, an inch external to the pared surface, and thrust downwards and inwards beneath it, until its point reappeared on the inner edge of that surface; it was then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and outwards, until it escaped at a point equidistant from the external margin with that at which it entered on the left side. Two quilled sutures were thus introduced, the first one was passed as near the rectum as possible without injuring it. A quill was then introduced through the loops of the twine on the left side, and on the right side the ligatures were cut from the needles, parted, and tied over the quill on that side, after having drawn the parts firmly together. The quills used were pieces of gum elastic catheter, which answered the purpose well. To bring together the outer margins along the line of the skin, I inserted interrupted sutures superficially. The parts were then well cleansed by

sponging with cold water, and lint soaked in the same was applied over the wound, and over this a napkin, kept in place by a T bandage. The patient was then laid in bed on her side, her knees tied together, and her limbs flexed. She now asked me when I was going to begin the operation. She had been entirely unconscious of its performance.

Two grs. of opium were now given, and gr. 1, to be taken every 4 hours. The parts to be kept constantly wet with cold water.

Dec. 26th. Visited her early this morning. She had a restless night—vomited twice. Passed catheter and drew off the water. Diet, arrow root; allowed to drink cold water, and to hold ice in the mouth. Was sent for this afternoon. She had vomited severely, so as to strain on the stitches. Morphia, with Plumbi Acetas for the Opium. Dried herring and crackers for food. Urine again drawn off. In doing this, the greatest caution was used to prevent any water from dribbling into the wound or vagina. Owing to the position she was necessarily kept in—on her side—the catheter had to be passed from behind. She was expressly charged not to let any urine be discharged except by the catheter. The quantity of water drawn off in the morning was a pint; in the evening about half a pint.

27th, morning. Found she had a comfortable night; no vomiting since commencing with the Morphia and herring. On passing the catheter this morning, a little bloody muco-purulent matter came through the instrument, but no urine. She had no desire to pass any. I syringed a little warm water into the bladder to rinse it out three times, the last time the water returned clear. I now learned for the first time that she had had several times since her confinement thick bloody matter pass from her bladder, and but a short time, too, previous to the operation. The meatus and urethra were very sensitive. Perineum œdematus; continue morphia and lead; cold water unremittingly. Evening. Patient feels comfortable. No urine could be obtained, but matter came through the catheter similar to that which passed in the morning. Applied to the meatus lint soaked in a solution of Acet. Plumb.

28th, morning. Slept well last night. Expressed a desire to pass urine; passed catheter; nothing obtained but a teaspoonful of purulent matter—not bloody; begins to complain of uneasy sensations across the hips, back, and lower limb of the right side. Has been turned alternately on each side two or three times daily, though I preferred that she should remain quiet in one position on her side, but this she could not be persuaded to submit to. Wound looks well, as if the parts were uniting; has less appetite; does not wish for any

more herring; pulse good; complains of head feeling bad. She drank some new cider last night, which threatened to move her bowels, and she immediately took 1 gr. of opium, left her to take in case the bowels threatened to move. It quieted them; continued to take the morphia and lead every 4 hours.

Ordered the Pipsissewa and Pumpkin Seeds in decoction, to be drank freely.

29th. Did not see her last evening; had left the catheter with the nurse; instructed her in the use of it, with directions for her to pass it should the patient express a desire to void her urine. She had tried two or three times without obtaining any. There appeared now to be an accumulation of water in the bladder, considerable distention above the pubis, and a strong desire expressed by the patient to pass it; she was uneasy, restless—pulse 100. Both metallic and flexible catheters were passed, warm water syringed into the bladder, which returned through the instrument in a full stream, at first bloody, with mucus. This was repeated until the water returned clear. She thought if I would allow her to do so, she could pass her water by her own efforts. As no urine had been obtained for more than 62 hours, I consented to let her try. Rolling her over partly upon her face, so that the urine could not dribble into the wound, she was allowed to make as much effort as she pleased. After trying awhile without success, she thought she could, if left alone. I left her with the nurse, when she continued further fruitless efforts, until she voluntarily relinquished any further efforts to pass it. I left her about ½ past 11 A. M. with a flexible catheter remaining in the bladder. Returned at 4 P. M., and was glad to find that a large quantity of water had come away, and the bladder appeared to be emptied, and she was much relieved.

"30th. On my way to visit the patient this morning, I met her husband who requested me to hasten to see his wife as she was in distress. I found her complaining of pain through her hips, extending down her thighs to her knees, and feeling a strong desire to urinate. She said she had passed quarts of water during the night, which she allowed to be passed in a kind of half prone position, to prevent it from coming in contact with the wound. It was received on napkins, which were stained bloody. I questioned her if the catamenia had not returned. She was sure not, for she said there was no bloody discharge except with the water. I passed the catheter and drew off a full pint of water tolerably clear,—rinsed the bladder with water, and also the vagina. Immediately she became easy—pain in hips and limbs gone,

and felt that she could now go to sleep—pulse 100. Removed one of the interrupted sutures. The quilled suture near the anus had, during her restless state, been accidentally pulled upon by her hand so as to stretch and disturb the parts which it held together.

Discontinue the diuretic decoction. Continue morphia and lead—To take 3 or 4 ounces of wine daily.

31st. Found her lying upon her back with her knees bent up. She had been requested to keep on her side, which she had done up to this time, though frequently changing sides by being carefully rolled over in bed, her knees being still kept tied together. Has not passed urine since I drew it off yesterday morning. Nurse had made several attempts to draw it off but failed, and she could not pass it by any effort of her own. I turned her upon her side and drew off a half pint, high colored, but not bloody. A little purulent matter was lodged between the vulva before the meatus. Removed the remaining interrupted sutures. Continue morphia without the lead. Spts. Nitre to be taken.

Continued to do well till discharged on the 25th.

25th. The hole through the perinæum is nearly closed. She would not submit to have the caustic applied again. Applied the acetum cantharis again. Direct her to use it every third day until it closed up, which it did in a few days after this.

She expressed herself highly pleased with the cure, and says her recovery is perfect in every respect.

REMARKS.

Had I known the unsound condition of the urethra and bladder at the time of the operation, I should have proposed to delay it, until the parts become sound. It caused much trouble in the after treatment, endangering the union of the wound. I deemed it essential to prevent any urine passing to the wound, as it would if it got between the cut surfaces most likely have prevented their union. Brown says "it is of great importance to draw off the urine every four or six hours for three or four, or more, days after the operation." In this case it could not be attended to so often. The distance (3 miles) I resided from the patient, made it impossible for me to attend to it so often, and the nurse, who was instructed to do it, did not succeed, owing in a great measure to the diseased and sensitive condition of the urethra, and the unfavorable position in which the patient had to lie.

The constant application of cold water dressing was very agreeable to the sensations of the patient, and she often called for their renewal.

It will be perceived from the history of this case, that special attention was paid to keep the bowels constipated until the parts had become so firmly united as to prevent their being torn apart by the passage of fœcal matter. From inattention to this important point, and allowing discharges from the bowels too soon after the operation, disruption of the union of the parts has been caused, and the whole benefit of the operation frustrated. In this case they were not allowed to be moved until the 14th day after the operation; and even then, she felt a sensation of tearing in the wound, on the passing of some hardened feces, but I think it did no essential injury, as the union was now pretty firm throughout the whole extent of the wound, except the small opening near the rectum.

Whether the small opening was caused by the accidental pulling or "catching (as the patient expressed it,) with her hand" upon the lower end of one of the quills, or from the great difficulty of making that part of the fissure unite by the first intention, I am unable to say. This accident happened during the restless night that she discharged so great a quantity of water in the bed upon napkins which, as mentioned in the history of the case, were much stained with blood, and was the fifth night after the operation. It may well be supposed that some of the urine did come in contact with the wound, and was insinuated between the lips of that part which she disturbed so as to prevent or break up the union of it. In examining the parts, next morning after the accident, the end of the quill near the onus was pulled up from the bed in which it had lain, the deep suture in that place appeared to have been disturbed, and a little purulent matter appeared at that part of the wound. I am the more particular in stating these facts because the manner in which this operation was performed has, according the statement of Brown, most generally in his hands, (though not in every instance,) resulted in a perfect union of the entire perinæum by the first intention. When there has been a failure with him it always has been at the place it was in this case.

DIVISION OF THE SPHINCTER MUSCLE.

It may, perhaps, be asked, why I divided the sphincter ani muscle, on either side from the anus toward the coccyx? I will not here go into a lengthy discussion on this point. A few facts stated will, I hope, make the reason obvious. From the uncertain, and most frequently, unsuccessful results of the operations heretofore devised, the opinion of surgeons in England has, until quite recently, been to aban-

don these cases to the operations of nature, to narrow the parts as best it might, which has generally left the unfortunate subjects of it to pass through life, in cases where the laceration was complete, in a very miserable condition, which can well be imagined, but which I will not now take time to describe.

Dr. Robert Barnes says, "I believe that no amount of skill and precaution will justify the surgeon in the majority of cases, in looking for perfect union by means of any of the sutures in common use. He claims to have succeeded in one case by means of the lead suture invented by Mr. Brooke. Mr. Ferguson succeeded (in 1850) in one case with the interrupted sutures, and by adopting Dieffenbach's plan in making parallel incisions in the long diameter of the perineum, and filling them with dry lint. In his second case, he succeeded but partially.

To say nothing of Hilton's operation, which he seems to have abandoned, Mr. Lungenbeck, in three cases reported, succeeded in making complete union in one case by the first intention, and in two cases the central portion of one was open four or five lines in length with suppuration; and the other, the wound about half an inch posteriorly. These were eventually closed by granulations. In his operations, flaps were dissected up, and Dieffenbach's incisions made.

In the case which I have reported, the operation was performed in the manner recommended by Brown in his recent work on Surgical Diseases of Women. He there strongly advises the division of the sphincter muscle; and his cases, of which he has had many, have mostly resulted in complete union by the first intention. Some few cases have partially failed, by a small opening near the rectum, as mine did. In one case where he divided the sphincter only on one side, it partly failed. He afterward divided it on the other side and it succeeded.

By freely dividing this muscle, the parts are relaxed, which allows the sides of the fissure in front of the anus to be more easily approximated, and prevents them from being drawn apart by its traction.

I am aware that Horner * failed entirely to secure a union of the parts in which he operated on in 1848, although he divided the sphincter ani muscle. But he used only the interrupted sutures. He says "the operation was a failure, though the bowels had been kept unopened for many days." He says nothing about the urine. If that was

* Am. Journ. Med. Sciences, No. XL., page 329, New Series.

permitted to come in contact with the wound, it would, most likely, have prevented a union of the parts.

If the operation is well performed in every respect according to Brown's method, and strict attention paid to the after treatment as recommended by him, a perfect union of the parts may be effected, I believe, in every case, even of the longest standing, provided no untoward accident happens to the patient, to prevent it. Cases are reported by Brown of ten, fifteen, and more years standing, in which he made perfect cures. Any small opening that may be left after the union of the greater part of the fissures, can be healed by granulation, as it was in the case I have related, and the unfortunate subjects of this accident be thus relieved from an otherwise miserable existence.

P. S. It may not be improper to state that the laceration was caused by the neglect, or rather mismanagement, of the attending physician. All that he did in the last expulsive pains, (as I was informed by the mother,) was to use pressure on the abdomen with his hands.

A BIOGRAPHICAL SKETCH

OF

PROF. TIMOTHY P. BEERS, M.D.

BY PROF. JONATHAN KNIGHT, M. D., OF NEW HAVEN.

Timothy Phelps Beers, the son of Deacon Nathan and Mrs. Mary Beers, was born in New Haven, December 25, 1789. He graduated at Yale College, September, 1808. He pursued his professional studies in this city, under the direction of Eli Ives, M. D.; attended a course of lectures on medicine in the University of Pennsylvania, during the winter of 1811–12, and commenced the practice of his profession here, in the spring of 1812. In the summer of 1813, he was appointed Surgeon of a regiment of Militia, under the command of Gen. Hezekiah Howe, and with it was stationed, for several months, at New London. With this exception, and during a severe sickness about forty years ago, he has not probably been absent from New Haven, nor intermitted the performance of his professional duties for a period of more than two weeks at any one time.

In 1824, he received the Degree of Doctor in Medicine from Yale College, upon the recommendation of the Connecticut Medical Society.

He was appointed a Professor in the Medical Institution of Yale College, in the year 1830, and performed the duties of this office in an acceptable manner, until his resignation of it in 1856.

After a short but distressing sickness, he ceased from this life on the 22d of September 1858, in the sixty-ninth year of his age.

His death at the time it occurred was unexpected. * "Looking upon the hale and hearty face and form of Dr. Beers, one on which nearly three score years and ten had made little impression, and especially when we remembered the great age of both his parents, and of many other of his relatives, we expected for him many years more of life. Who thought that he would die before his mother, now in her ninety-sixth year, and who now must look in vain for his daily visit of filial kindness?

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* From Rev. Dr. Dutton's Address.

Yet Dr. Beers had not the same reliance on these apparent promises of long continued life as we had; as is seen by his reference to the death of a friend, which was strikingly coincident with his own. At the last Commencement of Yale College, the class of which Dr. Beers was a member, celebrated the fiftieth anniversary of their graduation, in a meeting at the house of their classmate, Hon. Ralph I. Ingersoll, of this city. After the meeting was over, a classmate and family friend of Dr. Beers, who accompanied him home, said to him, "Doctor, we were all agreed that *you* were the youngest and healthiest looking of the whole class." "Yes," responded Dr. Beers, "and so we said at our last meeting, ten years ago, of Joseph Bellamy, and in two months he was dead!" Now, in just two months from that time, *Dr. Beers is dead!* Oh! there is no relying on the appearances of health and strength. Dr. Beers knew it, and felt it. We should all feel it, as well as know it. No age, no vigor, exempts from liability to death. Often the strong are taken, while the feeble are left."

Dr. Beers was twice married. His first wife was Caroline, daughter of Isaac Mills, Esq., and the second, Mary Ann, daughter of Mr. Hanover Barney, both of this city. Two sons and three daughters, all children of his first wife, are still living.

These few events convey no impression of the life or character of Dr. Beers. His whole life has been marked by the entire, uninterrupted, and unselfish devotion of all the powers of his body and mind, to the performance of his professional duties. From these duties, he never suffered himself to be seduced by the love of ease or pleasure—by the desire of gain—by the pursuits of ambition, or by any other worldly object. He was repelled from them by no dread of labor or fatigue, by none of the surroundings which accompany disease in the abodes of poverty or vice, or by any apprehension that his services would not be duly appreciated or rewarded. Whenever and wherever his services were required, they were cheerfully and faithfully rendered.

For the performance of his professional duties, Dr. Beers had many well marked qualifications. Prominent among these was his entire integrity of purpose towards his patients. His sole object in all his intercourse with them, in his advice, and in his medical treatment, was to do them good. In all this he had no regard to any selfish end, whether of emolument, reputation, or any other personal gain; this integrity of purpose was so marked, and so uniformly shown in his conduct, that it was never doubted.

In the performance of his duties, he was much aided by a constitutional equanimity of temper, which remained unruffled amid all the perplexities and annoyances which so often beset, and not unfrequently harass the medical man beyond all ordinary powers of endurance. Trials of this kind were met by him, and disarmed of their sting, by a calm serenity which told how little he regarded himself, in comparison with the feelings and the welfare of others.

Dr. Beers was eminently a benevolent man. Not many men made fewer professions of benevolent intentions, or their consequent actions than he; yet his whole life was full of the working of a kind heart and a liberal hand. What amount of labor was performed, fatigue endured, pecuniary aid afforded, professional skill exerted in behalf of those from whom no earthly recompense was expected, cannot be estimated; and the readiness and cheerfulness with which these services were rendered, added ten fold to their value. For all these services of love, the blessings of many ready to perish, will rest on his memory.

To these qualities were added others, which especially endeared him to all with whom he associated, whether as patients, friends or relatives. At all times, and under all circumstances, whether in the chamber of sickness, or in the family or social circle, he was a frank, sincere, cheerful man, without disguise and without hypocrisy. It was the manifestation of these qualities, in his manner, in his countenance and in his genial, sympathizing words, which mingled a ray of light with the darkness of the sick room, and which often left hope and cheerfulness in the place of despondency.

It was this frankness and truthfulness which inspired those who were under his care, with that abundant confidence in him which he so liberally enjoyed. No one ever doubted that any opinion which he gave was honestly formed, and truthfully expressed, or that any advice from him was for any other purpose than the benefit of him who sought it. It is a matter therefore of no surprise, that his patients and their connexions should be his strongly attached personal friends, or that he should have been the chosen physician of many families for generation after generation, beginning at the early period of his practice, and continuing to his death.

Of his relations to the community at large, it is sufficient to say, that he aspired to and sought for nothing beyond the limits of his profession; he felt that to acquire a competent knowledge of this, and to perform the duties of one occupying a high position in it, was suffi-

cient for him, and with the rewards of a life thus devoted, whether of emolument, of reputation or of social position, he was satisfied.

Of his professional attainments as a physician, little need be said. That he enjoyed a high reputation for professional skill in an intelligent community; that this reputation was maintained for almost half a century; that this popular opinion has been at all times confirmed by the high estimate in which he has been held by his professional associates; all these things testify that he was fully qualified to fill the high position which he occupied.

In one branch of his profession, Midwifery, Dr. Beers especially excelled. His attention was particularly attracted to this subject, while a student in Philadelphia, by the admirable course of instruction of that eminent practitioner and lecturer, Wm. P. Dewees, M. D. By the continued study of all the books upon this subject, within his reach, by much reflection and by large experience, he became familiar with it in all its details, and was confessedly at the head of the profession in this department. His practice in it began early in his professional life, and continued till his death. At one period he attended, as it is believed, more than half, probably two-thirds, of all the cases of labor in this city, and during his life a larger number than any other practitioner in this state. He devoted much attention also to the diseases of women and children and became expert and judicious in the treatment of them; so that, while his professional services were not confined to these branches, they made up a large share of his practice.

While attending upon ordinary cases of labor, Dr. Beers was always calm, patient and cheerful, thus gaining the confidence and good will of his patients, and inspiring them with the assurance of their safety, and dispelling that despondency which is so apt to accompany long continued suffering. In those cases which demanded more active treatment, whether instrumental or otherwise, he was skillful in devising and prompt and energetic in employing them. For many years he was the principal consulting physician in all cases of difficulty, in this city, and the neighboring towns; and he will long be remembered for the judgment and skill which he displayed in their management.

When it was determined to establish a separate professorship on Midwifery in the Medical Institution of Yale College, no one doubted that Dr. Beers was the man for the place. He received the appointment in 1830, and performed the duties of the office in an acceptable manner until his resignation in 1855. For the performance of these

duties, he prepared himself with diligence and skill. His lectures, except such as were merely demonstrative, were written out in a plain, simple, and intelligible style, with no attempt at ornament or display, and contained all the principles and practical rules which were important to the student, at the same time it should be said, that owing to a modesty and want of self-appreciation, almost amounting to timidity, there was at times a hesitancy in his manner, through which his instructions failed to command that attention which their merits deserved.

If there was any thing peculiar in the character of his mind which guided him to the successful treatment of disease, it was a careful estimate of the facts connected with disease, a ready recollection of his previous observations, a familiar acquaintance with the great principles of medicine, and all these made available by the exercise of plain common sense, unobscured by any theoretical notions, and unobstructed by prejudice, or by the influence of any selfish or unworthy motive.

To all these excellent qualities, whether natural or acquired, there were added the virtues, the faith and the hopes of a Christian. Sustained by these, he led a blameless life before men, endured the trials which happen to all, with fortitude and patience, and passed through the sufferings of sickness and the agonies of death, with the fully expressed confidence in Him in whom he believed.

A BIOGRAPHICAL SKETCH

OF

BELA FARNHAM, M. D.,

OF EAST HAVEN.

BY PROF. JONATHAN KNIGHT, M. D.*

It is delightful to contemplate the life and character of a sincere, simple-hearted, earnest, unambitious man, selecting a profession in early life, because he believed he could do more good in it than in any other, pursuing it through a long life in a steady, quiet, benevolent, unostentatious manner, performing at the same time, with diligence and integrity, all his duties to the family, the community in which he lived, and to God.

Such a man was the late Bela Farnham, M. D., who for about sixty-four years, was the sole resident physician in the town of East Haven.

Bela Farnham was born in Killingworth, in this State, March 15th, 1770. His father was a respectable farmer of that place. "His ancestors were of the true Puritan stock, of the best kind, who regarded and exemplified religion as a thing of daily practice, influencing the character, shaping the life, and cherishing an habitual converse with, and realization of eternal realities." Having been rendered incapable of severe physical labor by an injury received in youth, he turned his attention from agricultural pursuits for which he had a fondness, to the medical profession, as the business of his life.

His early education was pursued in the common schools of his native place. That he made good proficiency, is probable, as he was, when quite young, employed as the instructor of the district school in his neighborhood. His instructor in Medicine, was Dr. Jonathan Todd,

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* Nearly all the facts here stated are derived from a discourse delivered at the funeral of Dr. Farnham, by Rev. D. W. Havens. Several quotations from the same discourse have been made, which are marked as such.

of East Guilford, now the town of Madison. Of the time during which he pursued his professional studies, or of the progress which he made in them, very little is known.

In January, 1793, Dr. Farnham, then twenty-three years old, commenced the practice of his profession in East Haven, and remained there, the only resident physician of the place, until his death, January 15th, 1857, a period of sixty-four years, he being then in the eighty-seventh year of his age.

Dr. Farnham was an early member of the Connecticut Medical Society, and was many times chosen one of its Fellows. In 1829, the degree of Doctor of Medicine was conferred upon him by the President and Fellows of Yale College.

He enjoyed the full confidence of his fellow townsmen, and was employed by them in many offices of trust. For forty years he held the office of town clerk; for many years he was a school visitor, member of the examining committee, and treasurer of the school society.

The most of these offices he continued to hold until advancing years admonished him that they should be committed to younger hands. He was elected a member of the Convention which formed the present State Constitution in 1818, and several times afterward represented the town in the State Legislature. The duties of these various offices he performed to the satisfaction of his constituents, and with unquestioned fidelity and integrity. For about twenty years he was deacon in the church of which, for many years, he had been a member.

It is as a physician, however, that we are at present more especially interested, in the life and character of Dr. Farnham. From the beginning of his professional life he confined himself strictly to the practice of medicine, never engaging either in surgery or midwifery.

He possessed many qualities well calculated to gain the esteem, the respect, and the confidence of those with whom he associated.

In person, he was of medium stature, slender, but symmetrical in form, and perfectly erect in his carriage, not bowed down by the weight of more than four score years. His countenance was serene and cheerful, unmarked by the furrows of the stronger passions. In his manners he was cordial and gentlemanly; in speech, careful and deliberate, expressing what he meant in plain and simple language, without expletives and without exaggeration. In the sick room he was always kind and cheerful, encouraging his patients with the hope of recovery,

so long as hope remained, and soothing the dying by directing their thoughts to the realities of another world, with the earnest, fervent prayer that it might be to them a world of happiness. He was very attentive to his patients, especially those with acute diseases, spending much time with them both by night and day, and this practice he continued even after his advanced age might have afforded, in the eyes of others, a sufficient excuse for more self indulgence. "The last duty to others which he performed, was to visit, on the stormy evening of the night when the fatal sickness seized him, one who was then supposed to be fast sinking into the grave."

In early life, Dr. Farnham read the current medical books with attention, for he spoke of their doctrines and practice in such a manner as showed his familiarity with them. His knowledge of the changes in the modes of practice, and in medicines, which have taken place during the last forty years, and which are called improvements, he derived principally from those physicians with whom he had professional intercourse. It is rare to find an aged physician, whose habits of thought and methods of practice usually become unchangeably fixed, so readily receive and skillfully adopt, a remedy or a course of treatment which was new to him, when recommended by those in whom he had confidence. This trait in his character, is a mark at once of his sincerity and integrity.

The practice of Dr. Farnham was rather expectant than vigorous, calculated rather, by mild and gentle remedies, to carry his patients safely if possible, through their disease, than by more active means to attempt to interrupt its course, with the danger as he thought, of endangering and perhaps destroying them. It is a matter still in doubt, whether the course which he pursued is not the wisest; producing, it is true, at times, less brilliant results, but perhaps as many favorable terminations of disease.

This method of practice was in entire accordance with the whole character of Dr. Farnham. Prudent and cautious in forming his opinions and in executing his purposes, he would hesitate long before adopting measures from which he apprehended injury, without being confident of their good effects. His estimate of the value of life and health, was too high to allow him to employ violent means, the favorable effects of which he could not clearly foresee. At the same time, when such means were advised, and reasons satisfactory to him were given for their use, he would employ them resolutely and judiciously. While no friend of Dr. Farnham will claim those high attributes of mind, or that extensive learning by which improvements in science

are made, or great notoriety are obtained, all will agree that he fully accomplished the purpose for which he entered the profession, "the earnest desire of accomplishing all the good in the world which God had endowed him with the ability of effecting," as he often and no doubt truthfully said.

"The social and domestic life of Dr. Farnham was stamped with great excellences. His domestic affections and habits were especially strong and tender. His whole heart was centered in his home; and all, whether young or old, who saw him there, carried way with them a strong impression of the unaffected kindness of his heart, and of the reality and depth of his piety.*

"It was a prominent and beautiful element in the social character of Dr. Farnham, that he always manifested a great interest in the young. A large portion of his success in his profession was achieved among this interesting class. No child could pass him in the street without a kind word or smile of recognition. And it always afforded him the highest gratification to minister to, and witness their innocent enjoyments.

"Another, and very important feature of Dr. Farnham's social character, consisted in the fact that in his spirit, his feelings, and manner of life, he always kept abreast of the period in which he lived; in other words, he always 'kept up with the times.' During his protracted life, he had witnessed many changes, some of which were for the better, and some for the worse. The latter he carefully discriminated and left alone, the former he adopted. In the whole ten years' acquaintance it has been my privilege to enjoy with him, I do not recollect a solitary instance of his having dwelt upon the superiority of the past over the present; or what is so often characteristic of the aged, I never heard him mourn for the degeneracy of the present generation. He believed that an all-wise and all-powerful God ruled in the earth, and that the world in which we live was neither standing still nor going backward.

"In endeavoring to give a brief portraiture of the religious character of Dr. Farnham, we feel less embarrassment. Here not the shadow of a doubt can rest upon the subject. There was something in his piety, the brightness of which age could not dim, and whose beauty death can not destroy. It was the crowning excellence of his character. He was known and read of all men, as an humble, consistent, prayerful man of God, and follower of the Lord Jesus Christ."

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* Rev. D. W. Havens' Discourse.

A BIOGRAPHICAL SKETCH

OF

DR. ROSWELL BRONSON,

OF OXFORD.

BY P. G. ROCKWELL, M. D.

Doctor Roswell Bronson, of Oxford, Conn., whose untimely death his numerous friends and professional brethren were recently called to mourn, was a native of Middlebury, Conn., the son of Garry Bronson, a farmer in moderate circumstances, who died when Roswell was at the age of fifteen.

His early life was mostly spent upon the family farm, with the opportunities for attending district schools during the winter months. He grew up with industrious habits, ardent and persevering in whatever he became engaged. His advantages for education from necessity being circumscribed, he was early brought to build up resources of his own, in order to enable him to mark out a course for future life. His was the class of mind which seems to defy and almost to invite obstacles in the way, rather than to be disheartened or depressed by them.

He early evinced a fondness for reading, and employed whatever of leisure time he could command in this way. By economy and industry he accumulated, as the result of labor on the farm, a scanty supply of means to enable him to obtain an education. After arriving at the age of eighteen, he devoted most of his time to study. He attended Philips Academy, at Andover, Mass., but most of his preliminary education, which was not inferior, he wrought out by himself, without the aid of instructors.

At the age of twenty-one, he commenced the study of medicine in Middlebury, under the tuition of Doct. Robert Crane. He attended

medical lectures at Berkshire Medical College, in the years 1847, 8, and graduated at the above named College in the year 1849. He spent at the hospitals in New York City most of his time during the following year.

He commenced the practice of his profession in the town of Pawtucket, R. I., where he remained but a short time, after which he removed to Oxford, and soon came into possession of a large practice.

He was married to Miss Martha Butler, a lady from Cromwell, Conn., by whom he had one child, which has since died.

Doct. Bronson was enthusiastic in his devotion to the profession of his choice, methodical in his researches, and eminently logical in his practical application of all the knowledge he obtained. Seldom has the writer of this sketch met with a young physician of the few years experience of the deceased, who possessed so many clear, well-defined principles governing his treatment of the sick. He was constantly in search for truths, not hypothesis, in all of his investigations; nothing seemed to satisfy his active mind, in relation to medical study and practice in particular, short of marked facts. It was his *peculiar characteristic* of mind to reason and rely mainly and wholly on facts. His first inquiry in diagnosis and in prescribing medicines, was for the relative facts in the case and their application to it—without these were made clear and unambiguous, he was ever loath to act. His mind was so well disciplined to this mode of reasoning and investigation, that he was as ready to act in cases of emergency as most men of much larger experience and more extensive observation. It made him reliable and safe in his practice, neither withholding remedies when necessary, nor administering when unnecesary. He had no inclination to borrow from the marvelous, or to imitate the hazardous. Truth was the philosopher's stone for which he was always in search; hence hypothesis, speculation, empiricism, never interfered with his judgment—a principle once established, it was laid up on the shelf of memory, to be taken down whenever needed.

Doct. Bronson never neglected any means of information that came within his reach. (From the authors he sought with the humble-mindedness of a child, yet with the eye of a full grown critic.) From all well informed medical men, whether young or old, he seized with avidity each opportunity to learn. He was unremitting in his toil, self-sacrificing in duties; located where immense hardship was required to perform his every-day duties, he made it a principle to allow nothing to interfere with the discharge of them. He conversed with ease to himself and interest to those who participated or listened. He

was courteous and kind to his equals and inferiors, respectful to his superiors. He was social and exceedingly domestic, fond of conversation, yet never wasting time in that which was useless or unprofitable. He was delicate in his sensibilities, ever grateful for kindness, and sensitive to abuse. He was ever ready to contribute his mite to assist those who were in need; affectionate in his family, and among a large circle of near and remote relatives he was the general favorite. He was decidedly beloved in the community in which he lived; never has it fallen to the lot of the writer to witness more heartfelt grief by a large congregation than was manifested by that one in attendance at his funeral.

Another characteristic which marked him both as a man and physician, was unostentation in every respect. This contributed much to the just esteem in which he was held.

To his aged mother, who resided six miles from his place of residence, he was all that a mother could ask of a son. Frequently and at short intervals were his visits made to solace and comfort her by manifesting his filial interest, and no amount of fatigue, short of actual sickness, would permit him to neglect this kind office.

He was an active friend to all valuable interests of society, whether religious or secular. To sum up, in short, he was a man of sound judgment, and good practical common sense.

Had Doct. Bronson lived to the ordinary age of man, we believe he would have been a shining light in his profession, but like many others of the past and present, he was too much devoted to his noble calling to remain long upon earth. To a naturally weak constitution, and some hereditary troubles, the addition of his severe labors from childhood proved more than he could physically withstand.

During the winter of 1855, while attending to his practice, he contracted pneumonia, which in one week's time caused his death. In his death, as in life, he was cheerful, thoughtful, and resigned. He died the 14th day of December, 1855.

A BIOGRAPHICAL SKETCH

OF

DR. EDWARD FIELD,

OF WATERBURY.

BY P. G. ROCKWELL, M. D.

Dr. Edward Field, of Waterbury, Conn., was the son of Dr. Simeon Field, a respectable practitioner of medicine, who removed from Longmeadow, a town near Springfield, Mass., to Enfield, Conn., where the subject of this sketch was born.

Of the childhood and early youth of Dr. Field little is known. At the age of 12 he commenced the study of medicine under the tuition of the late Dr. Coggswell, of Hartford, Conn. Having completed his preliminary medical education, he obtained a license to practice his profession from a committee acting in behalf of the Hartford County Medical Society. His inclinations and tastes, at that early day, led him to seek a situation in the naval service of the country. He was successful in his application and accordingly received the appointment of surgeon's mate in the year 1799. The commission of appointment, which is still in the possession of his children, bears the broad, bold signature of the elder President Adams. Soon after receiving this commission, he was stationed on board the new frigate Congress, which was directed to cruise about the East India Islands; but before arriving at its destination it experienced a serious storm, which so disabled the vessel, that she was obliged to return after a slow and irksome voyage of months.

The craft was repaired and ordered to the West Indies. During this cruise an affair of more serious nature occurred than that of the former voyage. A mutiny broke out in which the Dr. became crippled in one of his arms for life. These discouragements in succession

(doubtless) abated the ardor of the young surgeon for a life in the navy, for we find him at the end of two years from the time he received his commission, voluntarily resigning the same. After this experience, Dr. Field decided to practice his profession on land. He accordingly located in the then small town of Waterbury, a town which at the time he became a resident therein, was made up of sparse population and not over abundantly able to compensate a physician for his services. The region in and about Waterbury was rough and mountainous, requiring great labor and toil to discharge the duties of a practitioner of medicine; yet notwithstanding these disadvantages we find him assiduously devoted to his practical duties in this locality for a period of more than 30 years. He was married at the age of 25 years to Miss Sarah Baldwin, (the oldest daughter of Dr. Baldwin, one of the older physicians of the town,) by whom he had one son, whom he educated to the same profession with himself, and who is a respectable practitioner in the State of Michigan. In the year 1808, but little more than a year from the time of their marriage, Mrs. Field died. He afterward married Miss Esther Baldwin, the sister of his former wife, who survived him several years. By her he had five children, two of whom were sons and three daughters; all but one daughter are still alive.

Dr. Field was a man of medium height and size, prominent features, an open manly countenance, yet of mild expression. He was not over quick in his appreciative faculties, but cautious and deliberative. He was never bold in his practice; rather careful and discriminating; while he aimed at correctness of conclusion in diagnosis and efficiency in prescribing for the sick, he studiously avoided over-acting or prescribing at a venture. His practice for many years was large, laborious and unremunerative; his ride extended much into the adjoining towns. As the town of Waterbury increased in population his practice became large within its limits. He ranked above mediocrity as a medical practitioner of his day. He was for a long time a member of the Connecticut Medical Society, and took a lively interest in its transactions. He confined his practice mostly to the sphere of medicine, declining surgical cases, when he reasonably could. As a citizen he was affable, public spirited, though unobtrusive. Devoting himself exclusively to his professional duties, he never meddled with political matters, nor sought any kind of notoriety except that of a good physician and an honest man. He was the friend of good order, morality and education. He was for a long time a member of the Congregational Church in Waterbury—a consistent, practical Chris-

tian. Cheerfully he bore his share of the burthens of society, ever making additions to the large stock of respect and esteem with which he was favored. Like many medical men in full practice, as he advanced in years, with an accumulation of cares, his health became so impaired that for the last four years of his life he was obliged to circumscribe his practice. He unfortunately became depressed, and in the year 1840, whilst suffering from an unusual fit of melancholy, which amounted to insanity, he took his own life. He died, as he had lived, universally respected by his large and extensive acquaintances, who mourned his untimely death.

APPENDIX A.

The following preamble and resolutions were unanimously passed at the meeting of the Medical Society of the city of Hartford, on Monday evening, February 7th, 1859.

In view of the former and more recently renewed attempts to deprive the late Dr. Horace Wells, of this city, and his family, of the honor and any reward which might be given them for the discovery and development of the principle of anesthesia as applied to surgery; and in view also of the efforts made and making to induce unreflecting yet generous individuals to pecuniarily recompense other claimants, *we*, the Medical Society of the city of Hartford, many of whose members were personally acquainted with Dr. Wells, participated in his experiments, and were conversant with the facts from the first, feel it our duty to pass the following resolutions:

Resolved, That having examined the testimony which has been presented in favor of the claim of Dr. Horace Wells, that he originated the idea, and was the first effectually to demonstrate the practicability of inducing a state of insensibility for surgical purposes by the use of substances inhaled, we feel assured that such was indisputably the fact, and that to withhold from Dr. Wells the credit of this discovery, which he generously gave to the world without fee or reward, is unjust and dishonorable.

Resolved, That to bestow pecuniary recompense, or honors of any description upon those not entitled to such testimonials, to the neglect of the deserving, is a discouragement to virtuous action, and we entreat all who are besought to contribute to other claimants than Dr. Wells, that they candidly examine both sides of the question, believing that if this is done, the cause of truth, which has labored heretofore under many discouragements, will triumphantly vindicate itself.

Resolved, That we consider it unworthy any member of an honorable profession that he should support claims for a patented article,

while Horace Wells, nearly two years before, proclaimed the discovery of the principle of anesthesia, demonstrated its power, gave it freely to the world, and at Boston, in the very amphitheatre of the medical school, urged its use upon the medical faculty.

Resolved, That the pamphlet called "Anesthesia," or the testimony upon the subject, arranged by the Hon. Truman Smith, collected from a multitude of our fellow citizens of the highest respectability, is a most satisfactory defense of Dr. Wells' claim, and to it we would refer any who are in doubt as to the rightful discoverer of the aforesaid principle, believing no unprejudiced person can arise from its perusal with other views than those held by this society.

Resolved, That the thanks of this society be given to the Hon. Truman Smith, for his able, honest, and zealous defense of the truth, and for his aforesaid work on anesthesia, a work which deserves the thanks of the whole profession, and of every lover of justice.

Resolved, That in approving the foregoing resolutions, we are in no way actuated by any other motive than that desire for truth which should always govern our profession; that the desire of establishing the claim of Dr. Wells for the aforesaid discovery, does not arise from the fact that he was a resident of our city, or that this discovery reflects honor upon it: but we feel that this defense is a solemn duty devolving upon us as a medical body, for on whom should it fall unless upon those personally, and best acquainted with all the circumstances of the case, who witnessed the birth of the great idea, and watched its full development.

S. E. FULLER, *Clerk.*

APPENDIX B.

MEMORIAL.

1st. Your memorialists believe it to be a fact, founding their belief, in part, on the statements made in the annual reports of the Prison, and in part on the known circumstances in which the prisoners were placed, that insanity in some of its least manageable forms usually exists there, and requires for its cure the treatment which a long experience has proved to be needed in such cases. The number of those who thus suffer will doubtless vary, as do other forms of disease which are known to prevail there.

2d. They believe it to be the duty of the State to provide for such, and for that kindred class also, who, acquitted of crime on the ground of insanity, still need careful restraint, as well as appropriate medical treatment and care; and that this provision should be made without reference primarily to its cost, but rather with reference to the moral obligation which it involves, which can no more be evaded, than its great cost would at this day be regarded as a valid reason against providing Retreats for the insane, and Asylums for the deaf and dumb and for the blind.

3d. Your memorialists have satisfactory evidence both from description and eye-witnesses, abundantly competent to form a safe opinion, that the building recently erected in connection with the State Prison for the use of the classes above named, possesses the essential requisites for securing both the comfort and cure of its inmates, while it will effectually prevent their escape. It is open to abundant light, is thoroughly ventilated, and a large yard is attached for the exclusive use of the inmates, in which they may be variously exercised, as their respective cases require.

4th. From motives of economy as well as convenience, we favor the existing location of this building, and believe that its benefits will be as many and great to its unhappy inmates, as if it were situated

elsewhere, and required a corps of officers and attendants, cooks and nurses for its exclusive management.

5th. We are constrained to believe further, from the careful study of the report under consideration, that the prison directors are regarding this humble charity too much in its pecuniary and too little in its moral and religious aspects, preferring to make a creditable balance-sheet for the State, rather than to honor its civilization and humanity, by striving within reasonable limits, to meliorate the condition of the most wretched of those to whom they are called to minister.

6th. Finally, your Memorialists cannot perceive either the expediency, propriety or economy of destroying an expensive building—for converting it into a workshop virtually amounts to this—every way suited to its purposes, while even now, in the jails of our Commonwealth, possibly without, certainly including those in the State Prison, enough to occupy at least one-half of it, are very seriously suffering for want of the privileges it offers, and that too even before it has had an organization, or even extended a helping hand to one of those for whose benefit it was erected.

[Note.—The Legislature decided adversely to the prayers of the Petitioners and Memorialists, and ordered the department to be abolished without trial, and the building be converted into a workshop. The matter of providing for the class above referred to, was assigned to a Committee for consideration, and report to the next General Assembly.]

CONTENTS.

	PAGE.
Officers and Standing Committees, - - -	3
Minutes of the Convention, - - - - -	5
List of Honorary Members, - - - -	13
List of Ordinary Members, - - - -	15
Duties of County Clerks, - - - -	19
Rules of Order, - - - - - -	20
List of Addresses and Dissertations read in Conventions, -	21
Annual Address by Ashbel Woodward, M. D., - -	23
Dissertation on the Issue, by Rufus Baker, M. D., -	41
Sanitary Report from Hartford County, - - -	55
Registration Report from New Haven County, - -	61
A Poem, - - - - - - -	67
A Case of Lacerated Perinæum, - - -	77
Biographical Sketch of Timothy P. Beers, M. D., - -	85
do. do. Bela Farnham, M. D., - -	91
do. do. Dr. Roswell Bronson, - -	95
do. do. Dr. Edward Field, - -	99
Appendix A, - - - - - -	103
Appendix B, - - - - - -	105